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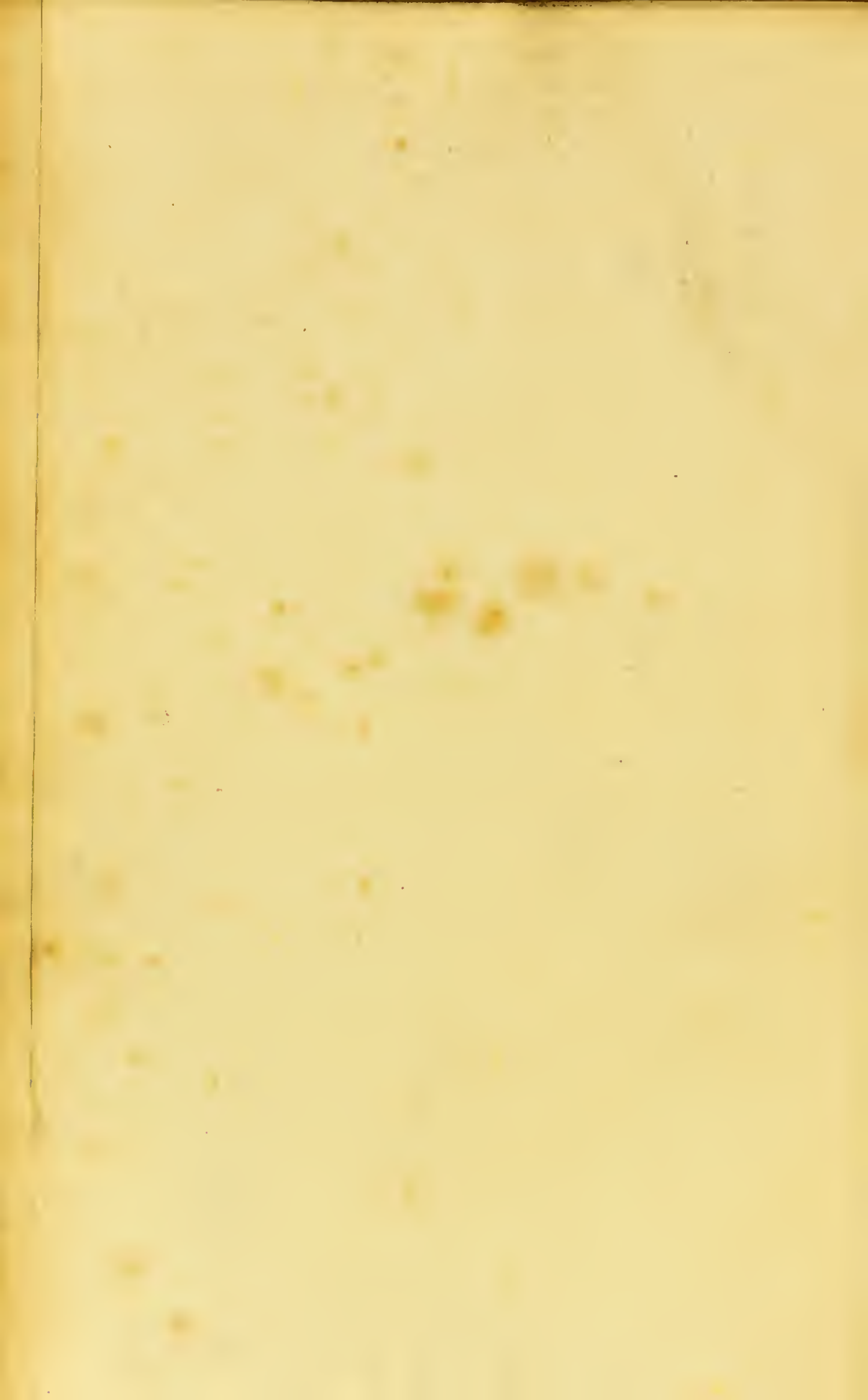
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A
DISSERTATION
ON THE
FEATURES AND TREATMENT
OF
INSANITY :

CONTAINING
A RETROSPECT OF THE MOST IMPORTANT
MODERN THEORIES ON THE SUBJECT;
AND
Observations
ON THE
INADEQUACY OF OUR PRESENT KNOWLEDGE OF THE PHYSIOLOGY
AND PATHOLOGY OF THE BRAIN,
TO ELUCIDATE THE PHENOMENA OF
MENTAL DERANGEMENT.

By JOHN SYER, SURGEON, &c.

Author of a Treatise on the Management of Diseases of Children.

“Nullum remedium omnes sanare potest; sunt affectus animi, qui prorsus sunt insanabiles, non tamen artis opus sperni debet, aut medicinæ, aut philosophiæ.”

Burton's Anatomy of Melancholy, Vol. II. 8vo.

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TO

G. M. BURROWES, M.D. F.L.S.

&c. &c.

THE following pages are dedicated as a feeble tribute of long subsisting friendship between himself and the author, and as a memorial of the high sense entertained of his professional zeal and abilities, displayed in the management of the severest of human infirmities,

By his sincere Friend,

And faithful Servant,

JOHN SYER.

Isleworth, September, 1827.



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A
DISSERTATION

ON THE
FEATURES AND TREATMENT
OF
INSANITY.

PRELIMINARY OBSERVATIONS.

THE following production is to be regarded as the labour of very short and precarious intervals, snatched from the duties of an active profession, and remote from literary resources, and the advantages of medical society. It proclaims very little novelty, but comprises a series of deductions from what has already appeared upon the subject of Insanity, occasionally illustrated by practical observations.

Although surrounded by numberless institutions for the professed cure of the disorders of the intellectual functions, very little argument is required to shew the incongruity that prevails on the theory; nor would the author of this dissertation have ventured to obtrude his sentiments any further on the public, particularly on so intricate

a theme, which in this country has been consigned to a distinct class of practitioners, was he not deeply anxious to press the necessity of a more general investigation of it as a branch of medicine, and to separate what is best known and established from that which is purely speculative and uncertain.

It affords both an awful and humiliating consideration to our species, to witness such a tremendous catalogue of these cases in the annals of every quarter of Europe, which would loudly challenge the scrutiny of the moral philosopher and politician, no less than the physician. Admitting, however, that this malady may be regarded as a scourge to the human species, as a visitation of Providence to humiliate our pride in the scale of dependent beings, we are still not left destitute of powerful incentives to cultivate tender feelings and benevolence to mitigate the afflictions which we cannot exterminate, even should we witness the influence of this dreadful disease on the children of the third and fourth generations. If to restore a blind man to vision, or to elicit the latent faculties of the dumb, be noble and transcendent blessings, which claim our peculiar admiration, what must be the feelings of gratification in him who had once lost the highest faculties of reason, to find himself restored to the bosom of his family, and to that portion of society at large to which he was before an alien?

In taking a retrospect of the progress of science in other branches of the healing art, although it would appear to have its limits, surely it is not too much to expect that the treatment of insanity will still lead to a more successful issue, and that in proportion as our advances may receive a check, through the feeble twilight of psychology, we cannot fail of receiving additional succour through the more cultivated medium of physiology and general pathology, aided by a more enlightened system of moral treatment.

We are indebted to scientific men in many parts of Europe, and even to our trans-atlantic brethren, for having contributed to the extenuation and radical cure of a large proportion of cases; and from the authority of registers carefully preserved in many parts of this and the neighbouring kingdoms, the successful terminations of insanity, so far from justifying the imputation of its being an incurable disease, would tend to raise it far before others of a less permanent and more obvious character. Still, however, the public have a right to expect that those who have been deputed to concentrate all their efforts to a single point, aided as they have been by anatomical and physiological acquirements, would have contributed in a more eminent degree to illustrate its general outline.

It is by no means the author's intention to

depreciate the excellent foundations which have been reared from the funds of public benevolence, towards the mitigation and cure of this calamity; the salutary regulations by which they are governed, and the high character of those who have been appointed to administer relief, are sufficiently conspicuous, in many instances, to supersede the applause of any individual. Where a greater degree of success has not crowned the exertions of those who have exclusively attended this unfortunate class of sufferers, it is perhaps partly to be ascribed to the limited knowledge which we still possess of the phenomena of the mind in health as well as in disease, and the insuperable difficulty of tracing the mode of connection that obtains between the elements of the human understanding and the animal super-structure of man: but a more corrigible evil has probably attached to a preconcerted routine of medical discipline, which can only tend to aggravate the misery which it professes to assuage.

It has been regarded by a late author "on certain errors relative to insanity," as a signal misfortune that the theory of the human mind has been more assiduously cultivated than the practical knowledge of the treatment of its aberrations. However unwillingly we might subscribe to Montesquieu's paradox, "that the excess of reason is not always desirable," we should still give him

credit for asserting "that mankind generally find their account better in mediums than in extremes." So far, however, from stigmatizing the judgment of those of our own country on this head, I should not hesitate to avow, that the importance of sound theory is quite as obvious and indispensable in the therapeutic department of this as well as in every other disease.*

Nor is it correct to assert that our advancement in psychology, or mental physics, "is still in its infancy;" although the advantages incorporated with the collateral branches of medicine have not been rendered uniformly available in arresting the fatal progress of the greatest calamity incident to man. In vain have we boasted of our Bacon, Locke, Condillac and Stewart, if their successive labours had not dispelled the mystic cloud of

* According to strict reasoning, we should be justified in maintaining that the pathology of every part must be founded on a knowledge of its healthy state; hence we manifest a propensity to associate the investigation of the human mind with the anatomy and pathology of the nervous system, although endless impediments are found to arrest our progress in every stage of our journey. We find, as a very intelligent author has observed, "that the investigation of the senses and the operation of the human intellect, which are so interwoven with corporeal disease, that it is impossible to separate them, constitute an important part of medical education."—*Dr. Haslam's Considerations on the Moral Management of the Insane.*

former ages, (however insignificant their attainments in the eyes of modern phrenologists) and placed the theory of the human understanding on a more exalted station.* We have certainly cause to lament the scanty and superficial records of individual cases of insanity, and that more stress has been laid in accommodating the relation of them to certain points of doctrine, than to furnish a correct portrait of this changeable constitution of our being. Let us indulge a hope, however, that as the emulation of public good, and a conscientious desire to discharge our professional duties, together with opportunities of a greater range of experience, may stimulate future explorers of this malady, we may still look forward to a greater degree of perfection in the treatment of it. It is to be regretted that few public teachers of the elements of the practice of medicine have investigated the nature of insanity with any degree of precision or minuteness; the time devoted to the consideration of the great circle of diseases seems hardly to admit of it, and it has been disregarded as a branch of medicine, or they have declined treating of it, from a persuasion that the

* It is scarcely *possible* to enter upon the subject of mental pathology without the privilege of scrutinizing the functions of the mind in health; indeed, what relates to the mind in insanity may be regarded as the *active* part, and the body merely as the *passive* instrument.

practice is still restricted to but few practitioners, and therefore of less essential importance. It is only lately that in Edinburgh this branch of medicine has been attempted to be inculcated in a distinct course of lectures. Still we are obliged to allow that it is in its infancy comparatively, and as Dr. Spurzheim observes, "in our days we cannot expect to see it in its maturity."

It is true that there is scarcely any subject in the wide field of medical philosophy, that is not open to controversy and discrepancy of opinion, medicine being in great measure a conjectural art, though attempted to be established on scientific principles; and it cannot be denied that the discussion of most subjects, when conducted with temperance, conduces to ultimate utility. The functions of the brain, so far as it has been considered as the emporium of sensibility, volition, and thought, holding but a slight analogy with the functions of other organs, no wonder that an insurmountable barrier should present itself to the elucidation of the laws of mental phenomena, and that these should disclaim all alliance in a physical sense with the grosser configuration of the body. We know not the nature of the link that unites these phenomena, though we are sensible that a connection must exist, and this conviction is sufficient to induce us to give it a name.* The

* Cuvier's introductory lecture on life and organization.

operations of the mind do not impress themselves in those legible characters which external agents afford, and we have not the advantage of estimating precisely the processes of our acquiring knowledge, as we have of many of the different operations in physics. Dr. Cullen has observed, "that although we cannot doubt that the operations of our intellect always depend upon certain motions taking place in the brain, yet those motions have never been the objects of our senses; nor have we been able to perceive that any *particular* part of the brain has more concern in these operations than *any other*; and, therefore, in this situation of our science, it must be a very difficult matter to discover those states of the brain that may give occasion to the various states of our intellectual functions."

If we would condescend to inquire only partially into the reason of this defect, and lay aside the veil of this false affectation of science, we should impute our miscarriage to the following assumption, that the knowledge of function necessarily follows from that of structure.* Bichat and other

* Dr. Spurzheim is candid enough to allow, that in *phrenology* it is an admitted axiom, that structure does not reveal function, although he asserts that no affective or intellectual function is ever manifested without a brain, and from asserting that these functions appear simultaneously with the brain, (which is not quite correct) he leaves us to infer that the one is the cause of the other.

eminent anatomists have founded the most specious and fascinating theories on this position ; whereas it is a fact, which we are obliged to acknowledge, that in human and comparative anatomy, although we can explore nearly every part of the machine, yet we cannot assign to every part its particular uses : and in the instance of muscular action, which appears to be coeval with the vital principle in the lowest scale of animated nature, we are destined to witness the greatest possible diversity of structure, though subservient to the same end, in descending from man to the hydatid.*

The celebrated author of the paper to which I have alluded, observes, “ that the structure which produces muscular action varies so much in different animals, that we are at a loss to conceive how the *effects* should have the least similarity ; and it is in some cases only from witnessing the action, that we can consider the parts as muscles, since in nothing else do they bear a resemblance to the muscular structure in the more perfect animals with which we are best acquainted.”

Dr. Spurzheim observes that before the motions of muscles were observed, it was impossible to infer from their structure that they were contractile ; and

* See an ingenious paper from Sir Everard Home, entitled the Croonian Lecture on Muscular Motion, in the London Philosophical Transactions for the year 1795.

although he admits that there is some relation between the structure and the function of organic parts; yet he says "that the structure of any part *seldom* indicates its function." One would scarcely have anticipated such a sentiment from this author. This, however, is artfully introduced to set aside the analogy which more or less obtains in comparative anatomy; indeed he is displeased with Cuvier for asserting that the brain in quadrupeds has the same parts, on a smaller scale, as the brain in the human subject, and for denying the convolutions of the brain in the Rodentia, and particularly in the Beaver, who doubtless has organs of Constructiveness, which few others of the Rodentia possess, except the Hare, which has no need of the more complex manifestations of this organ, as puss in spite of it prefers lying in the field.

Mr. Locke, in his admirable work on the human understanding, has dwelt fully on that part of logic which resolves the acquisition of our knowledge into adequate and inadequate ideas; which, if weighed with the attention it deserves, could not fail to check the positive air of many of our philosophical conclusions. In no instance has the necessity of paying some deference to this point been more forcibly exemplified, than in the various discussions on the vital principle, which must ever prove a barren speculation. It is a principle too subtle to be entangled within our toils, and in

attempting to elucidate it, although one of our most ingenious and zealous physiologists strongly deprecates the tenets of materialism, yet every argument which he has brought to bear with the greatest triumph and confidence, has resolved itself into that doctrine.* Where the analogy is wholly irrelevant, and language is incompetent to supply the defects, the deductions of course must be equally fallacious. It is worthy of observation, that the author of this physiological reasoning, whose sincerity and amiable character are beyond all eulogium, should have ascribed the same opinions to the late Mr. Hunter, whom I have always considered as too cautious an experimentalist to build on so precarious a foundation. I think we might challenge the production of a single passage in the whole of Mr. Hunter's elaborate researches, that would warrant the most zealous of his admirers, either directly or by im-

* In this opinion I am supported by Dr. Bostock.—See *his Elementary System of Physiology*, vol. I. note to page 256.

As it is incompatible with equity or candour to impute any direct charge of premeditated materialism to this celebrated author, the following sentiment will fully acquit him, and the enunciation accords with a similar observation of the author of *Rasselas*. “Of the unity of that which perceives, attends, thinks, decides, and wills, nature has given us a consciousness which no argument can annul, and which enquiry only strengthens.”—See *Mr. Abernethy's Lecture on Galls and Spurzheim's System*, page 71.

plication, to arrive at a similar conclusion.* If we consult his numerous and valuable essays on select subjects of the Animal Economy, we shall instantly perceive from all his physiological deductions, that his chief aim is to invalidate the specious and unsatisfactory arguments of the chemical and mechanical philosopher; and that rather than attempt to shew us what the functions of digestion and secretion *really* are, he is satisfied in proving what they are *not*. If by this proceeding he rendered himself amenable to the charge of scepticism, he must still be entitled to our commendation, in not choosing to advance beyond the bounds of legitimate induction. His candour, modesty, and ardent love of truth in scientific pursuits, was as scrupulously manifest as in our immortal Newton, who never attempted to define the principle of gravity; and who barely offered as a conjecture what has been since verified, as to the pure inflammable principle of the diamond, from his profound investigations of the doctrine of light.

* Perhaps it will be urged that Mr. Hunter intended to express by an ambiguous phrase, the *materia vitæ*, as a substitute for the vital principle, which is much on a par with the vis inertię of natural philosophers.

Although Mr. Abernethy has admitted life to be distinct from the materials of our body, yet he is unwilling to exclude some modifying principle, not visible to sense, as the grand agent of vital phenomena.—*Lectures on the Physiology of Muscular Motion.*

The celebrated Steno was a true philosopher; when, in the opening of his lecture on the anatomy of the brain, he observed, "that instead of promising that I shall satisfy your curiosity in what relates to the anatomy of this organ, I begin by publicly and frankly owning, that I know nothing of the matter." And although it has since been more intimately explored by Reil, Tiedemann, and Soemmering, &c. yet we are equally ignorant of its proper function, notwithstanding this delicate organ, or combination of organs, (to use the language of Spurzheim) is pronounced to be the palpable instrument of the human mind. To invest any section of the brain with the dignified seat of wit or ideality, in the present state of our knowledge, is very little better than to revive the favourite doctrine of Des Cartes, who lodged the soul in the pineal gland, and animal spirits in the ventricles. We are daily wandering in the same labyrinth in our attempts to investigate the uses of much more simple structures, for instance, the spleen, the thymus gland, and the renal capsules in infancy.* The late professor

* The materialists, who are so eager to assign to the brain all the higher functions peculiar to the mind, are only angry that their opponents are led to deny this, or to require a more philosophical proof, and are fearful that by this scepticism the brain should be left almost without any office. If this organ has been so humourously taught to be better fed,

Robison, author of *Lectures on Mechanical Philosophy*, when alluding to the technical terms employed in natural philosophy, observes that the very names which we give to these principles or powers, which we fancy to be inherent in bodies, shew that we know nothing about them. Indeed the terms are the worse by our attaching some definite meaning to them. What is strictly applicable to the sublime science of astronomy may be lawfully transferred to the more recondite and fascinating study of the human mind. "While the magnificence of the objects of the former

clothed, and provided for than any other part of the body, its functions are no less important, even should thought be rejected as one of them; for we are compelled to acknowledge that the brain is the centre of sensation and motion, and that every other organ of the body derives its energy from its healthy structure and physical influence.

How vastly superior are the intellectual powers of man to the monkey, yet the brains of both bear the closest resemblance to each other!

"If the opinions with regard to the uses of the cerebrum and its different parts were correct, we ought to find in the animals which are destitute of this organ, a total want of the functions which it is destined to perform, (for we can scarcely suppose that any of the other organs of the body can supply its place). But still we find amongst insects, for example, not merely sensation and volition, but instincts, propensities, and deliberation, which when they occur in the higher classes, are considered worthy of having peculiar organs set apart for their productions."—See *Dr. Fleming's Zoology*, vol. I. page 154.

commands our respect, and perhaps raises our opinion of the excellence of human reason as high as is justifiable; we should ever keep in mind that Newton's success as a philosopher was owing to the modesty of his procedure. He peremptorily resisted all disposition to speculate beyond the province of human intellect, conscious that all attainable science consisted in carefully ascertaining nature's own laws, and that every attempt to explain an ultimate law of nature, by assigning its cause, is absurd in itself, against the acknowledged laws of judgment, and will most certainly lead to error." How different is this from the affected air of demonstration on a subject where it is utterly inadmissible, which too often pervades Dr. Spurzhiem's elucidation of intellectual nature!*

The following romantic specimens of reducing a mere speculative feeling to this species of certainty, or rather as the mathematicians would term it, *reductio ad absurdum*, cannot but amuse every impartial reader. "A friend of Dr. Gall has the right side of the forehead half an inch

* Dugalt Stewart very properly remarks, that the philosophy of mind has its alchemists; and no one, though a popular writer, (and one who has been loudly supported by the materialists) more so than the late Dr. Hartley, the author of the theory of vibrations; and Des Cartes, the defender of the doctrine of *animal spirits*.

higher than the left, and he feels, and complains bitterly, that he cannot think with the left side. At Dublin, a gentleman, whose forehead on the left side is about four lines less developed than in the right, often feels headach on the defective side, and assured me that he is conscious of not thinking on that side." There is some consolation annexed to the latter case, viz. "that he never had any attack of insanity." It seems that in "Bichat, whom no friend to science will regard as weak or insane, the sides of the forehead were very unequal."* A celebrated Commentator on Drs. Gall's and Spurzheim's system, in the commencement of his analysis, anticipates nothing but mischief from their physiognomy or cranioscopy, becoming generally known and accredited, although in a further survey of the subject he does not scruple to designate it as a "portrait from life by masterly hands," not indeed exactly like any individual, but capable by *alterations* of being made to resemble every one, so that by the help of a few touches we are able readily to shew

* Vide Spurzheim's Observations on Insanity, on the question, how far the shape of the head can be regarded as a cause of insanity. (pages 140, 141.)

This author maintains "that men of *great* and *general* abilities have *always* a voluminous brain," but will he uniformly subscribe to the converse of this proposition? See his *Anatomy of the Brain and Nerves*, page 205.

“virtue her own image and vice her own deformity,” in all their diversities. So far, however, as the prospectus aims at any sort of scientific sketch of human nature, as respects the characteristic outline of the sentiments and affections, which the most untutored amongst us will instinctively recognize in the eyes and general features of the countenance, the fascinating system of Lavater, and the lectures of the late Professor Camper on the connection between anatomy and painting, are far better calculated to exhibit this part of the human economy.* Most philosophical readers are acquainted with this author’s fundamental position of the facial line. In the African, as Mr. Abernethy has well expressed,

* Lavater, after giving a synoptical outline of the external signs to denote benevolence, rage, joy, grief, fear, and all the violent emotions, constituting a language not to be misunderstood, even by the brute creation, observes “that it is no recent discovery; that almost all the predominant affections may be discovered by inspecting the countenance, as whether a man be cheerful or jocular, melancholy or severe, proud, mild and good natured, envious, innocent, chaste and humble. In a word, you may distinguish almost all the settled affections, with the vices or virtues which spring from them, by manifest signs in the face, and the conformation of the whole body. No one will dispute that painters, even by a profile, can actually express every emotion of the mind as it rises in the countenance.”—*See his Physiognomy, vol. I. pages 48, 50, (8vo. edition.)*

“ we perceive a link connecting the human form with the extremely diversified forms of the brute creation, but what is more to his credit as a philosopher, he observes, that notwithstanding there is an approximation in the form of the African to that of brutes, there is none in his nature, for well educated Africans have displayed great powers of mind.”* Perhaps Lavater and Spurzheim have both mistaken their aim by too wide a grasp, and it may fairly be questioned whether the real interest of the discoveries of the latter in point of science will outlive half a century, and it is easy to predict that they will be supplanted by a repetition of the same metaphysical routine of explanation which the vain projectors of this illegitimate offspring so confidently explode. There is some merit even in our miscarriages, where they are conducted with candour and ingenuity, and Dr. Spurzheim evinces a great share of both, at the very instant when he is strenuously maintaining the infallibility of his hypothesis; for after dwelling on the innumerable coincidences which he has observed, he assured Mr. Abernethy that a single contradictory fact would disprove them all, as far as respects the pretended locality of any organ, which far eclipses the old adage,

* See Mr. Abernethy's second Physiological Lecture, delivered at the Royal College of Surgeons, page 85.

that "exceptio firmat regulam." The best antidote for any positive uneasiness or fear of error, on the score of subjects so far from human comprehension, is that expressed by the late Dr. Hey: "When propositions are so unintelligible that they neither affirm nor deny any thing, a man by repeating them, whatever other folly he may incur, cannot be guilty of any breach of *veracity*; he can deceive no one, unless indeed he professes to understand them," and imposes on his disciples propositions that are *new* and *intelligible*.

It is scarcely possible to forbear remarking, that the uncontrollable propensity in man to scrutinize his own admirable frame, and modified union of soul and body, is the surest presage of his future exalted destiny, and furnishes at least an indirect proof of the primitive rank which he originally held, and which he has since forfeited by his own rebellious nature; and were we deprived of the light of Christianity, we should be incapable of regarding the whole history of mankind, in any other light than as an incontrovertible deviation from original perfection, and a gradual return to it.

It is the author's intention in the following Dissertation, to shew that much more pains has been taken to speculate upon the remote causes, rather than on the cure of insanity, as the disease in a very great variety of cases would appear to

exist, and preserve nearly an equal tenour for a considerable length of time, independent of its cause: at least this may be predicated of most of those cases that originate from strong mental impulse. It has been a prevailing idea with several of our most respectable writers on this subject, that the mind is incapable of evincing any mark of disease, except through the primary derangement of organic parts, indeed it would be deemed heresy to admit the possibility of it to a phrenologist of the present day; and an author, whom I shall freely quote in other points, has been fastidious enough to deny the existence of "disease of the *mind properly so called*,"* whereas

* See Dr. Haslam's last edition of *Observations on Mania and Melancholy*, page 240.

Dr. Spurzheim has also hazarded the same conclusion, but there is no greater impropriety in employing such a term in a figurative sense in one case than in another: for example, in using the term *reflection*, which is borrowed from an external image or idea, no one can imply that the mind is *literally bent*. Although the soul does not seem to be an integral part of the body, yet as their operations are connected naturally, whatever error attaches to the one, seldom fails to involve the other. But as a further justification of the expression, it is needless to add, that as we do not hesitate to argue about the *functions* of the mind, as the term is applied to *organic parts*, so by parity of inference we are at liberty to attach the term *disease* to either.

If we are at liberty to concede the point, that the mind is capable of acting on the body, as is manifest in the primary

a variety of instances cannot but tend to prove that the mind is the first agent in the production of insanity, the cure of which is frequently spontaneous, although by its reflex operations it may, for want of vigilant precaution, or by virtue of its connection with the body, induce functional or organic disease of remote parts. Those who plead no greater difficulty than Dr. Spurzheim, in asserting that every one feels that he thinks by means of the brain, and that the brain is therefore exclusively the organ of no less than thirty-three mental faculties, and the three reflecting, constituting, in other words, a plurality of organs, will be anxious to attach every modification of insanity to the general or special disorganization of this substance; and it is the principal object of Dr. Haslam's work to derive the essential phenomena of this proteiform malady from morbid alteration of structure. If, however, in spite of our most elaborate investigations, it should appear to the more diffident or sceptical inquirer, that neither the healthy structure of the brain and nervous system can elucidate the phenomena of the mind, nor an inspection of its morbid state reflect any scientific light on the aberrations of intellect, we might reasonably question how far we have a right to anticipate any important clue symptoms of insanity in many instances, why not admit that the body is capable of reacting on the mind, as may be proved in many cases of sympathetic insanity?

to insanity from this source in its pure idiopathic form;* or how far the artificial analysis promulgated by Gall and Spurzheim is calculated to ameliorate our condition, or better qualify us for social or contemplative life, or exalt our views of futurity! "While the intellect is thus busy about its own phenomena, the imagination is also at work in presenting its analogical theories; but so far from aiding us, it only misleads our steps and retards our progress. Would you know what thought is? It is precisely that which passes within you when you *think*; stop but here, and you are sufficiently informed."†

* A far more important clue to mental derangement is found by recent experience to attach to the state of the digestive organs, more particularly in the melancholic form of the disease; and Mr. Todd, a surgeon of eminence in Dublin, has asserted that he has detected diseased structure of the liver in a variety of cases.—See *Dr. Pritchard's Work on Nervous Diseases*, vol. I.

† Crousaz l'art de penser, quoted by Professor Stewart in his *Philosophical Essays*, (3rd edition.)

Dr. Knight has quoted Aristotle, as a high authority for attaching the process of thought to a series of acts within the cavity of the cranium; and compares the burthen of them to some internal mechanical *pressure*, upon the removal of which tranquillity or natural sleep ensues, until the pressure returns from a renewal of the operation; but he disclaims the possibility of arriving at any precise idea of the *actions* by which the energies of the mind are developed, by any more satisfactory process.—See his *Pathological and Physiological Observations at the Introduction of his Work upon Insanity*, page 6.

Without presuming to understand that which is utterly hid from our view, for the wisest purposes, and which may be regarded as a specimen of that forbidden fruit which is constantly soliciting our curiosity, and as constantly eluding our researches; from every insight we can obtain of human nature, man is still found to be that flexible being of time and place, that he is at once the architect of his own mind, and the author or enemy of his own happiness; at one time actuated by the purest love of virtue and benevolence, and at another instant the prey of the most impetuous and degrading passions. Though instinctively led to provide for his own preservation, yet the sad catalogue of human infirmities, and we cannot except even insanity, tends to shew that the far greater proportion of the physical as well as moral evils of life are entailed on him, through his own imprudence, and that frequently under these circumstances, "the figure of the human species is all that remains."

If the doctrine of cerebral disorganization was true to the extent to which it was attempted to be carried, in explaining the phenomena of insanity, then indeed would the efforts of nature or art be more generally unavailing; we could scarcely calculate upon the favourable issue of half the present or past cases which have already repaid our application; and instead of torturing a miserable

and incurable human being with every variety of active and desperate expedient, we should be justified in taking a mere negative part in the cure, or in consigning the case entirely to the providential superintendence of that Being, who can as readily release the sufferer, as he can inflict the punishment. We might almost say on some occasions, unfortunately for us, that the life of man is capable of prolongation, in spite of the most philosophical theories, or the most scientific prediction of the event; and we live to see multitudes of the most violent and outrageous lunatics attaining very advanced periods of existence, under every modification of mental suffering, and where the body appears scarcely to sympathize with the mind; or we find that the animal machine survives the mental derangement, when the state of both is nearly that of a wreck!* Striking instances to this effect are adduced by the intelligent author of the *Sketches of Bedlam*, and most unprejudiced persons conversant with this disease, are able to attest the equivocal share of corporeal derangement, manifested during the prevailing paroxysms of mental alienation. The pertinacious adherence to the opinion of the necessary connection of disorganization of the brain and mental derangement, constitutes a strong spice of materialism,

* As in the case of Margaret Nicholson.

which has been defended with the utmost subtlety,* and forms the most striking feature of Dr. Spurzheim's pretended clue to insanity; and although he does not boast of having advanced in this knowledge so far as he could wish, and admits that much more than what is already known remains to be found out, still he contends that the basis of the above-mentioned doctrine, viz. "that the cause of insanity, exclusive of all moral causes, must be looked for in the brain, and that of the derangement of each special faculty, in a peculiar part of this viscus, is founded in nature.† He has

* Those who have learnt from the sacred volume, that "man was formed in the image of his Creator," will have little rational triumph in subscribing to the unblushing scepticism, though viewed in conjunction with the condemnation of man after his fall, of one of the most plausible advocates of phrenology, expressed in the following sentiments. "Our believing that the mind will die with the body, will not pluck these sentiments and powers from the soul, nor will our believing the mind to be immortal implant a single one more of them in our constitution. They would all remain the same in functions and constitution, and render virtue amiable and vice odious, although we should believe the mind to be made of *dust*, just as they would do, were we to believe the mind to be a more immediate emanation from the Deity himself!"—*See Combe's Elements of Phrenology, page 219.*

† One of the most striking proofs of the faint share of dependence of the human mind on the material organization of the body, or the co-operation of the common functions of the organs of sense, may be derived from an interesting case of extensive disease of the substance of the brain, partaking of

also insisted, that independent of the compensation which is made in organic derangement, from injury, &c. by the duplicity of the organs of the brain, that the opposite hemispheres are sometimes in a different, or even opposite state; as a proof of it, he alledges that a great many mad men hear angels sing, or the devil roar, only on one side!"

It would be difficult to controvert the following opinion, ascribed to one of our most enlightened physicians, and brought forward by a controversial writer, who has not yet imbibed a thorough relish for the new discoveries in phrenology. "That the brain is still as incomprehensible in

a fungoid character, in a female of considerable mental endowments, and a pattern of christian fortitude and resignation. It was communicated by Mr. Green, the anatomical professor, though without a single comment in favour of the deduction here adduced, tending to demonstrate that the individual survived the progressive extinction of every external sense, without any apparent diminution of her mental resources, or powers of ratiocination. The case is to be found in one of the volumes of the Medico-Chirurgical Transactions.

Another case of disease of *both hemispheres* of the *brain*, termed by Mr. Wardrop fungus melanodes, occurring in a subject whose right eye had been extirpated by that gentleman, three years previous to the symptoms of disease in the brain, and where it was succeeded by very alarming fits, which ultimately brought on paralysis and loss of speech, terminating fatally, but without any proof of the mind participating in the affection, is recorded in the *Lancet*, vol. II. No. 164.

its functions, as it is subtle and complex in its anatomy; and that its structure is so void of *apparent* adaption to any purpose we can understand, that it will suit any physiological system equally well.”* Whatever connection may appear to subsist in the opinion of the physiologist, between the less elaborate structure and functions of other organs of the body, which are resolvable more or less into chemical and vital processes, proves wholly irrelevant to the brain as the organ of the mind.

Dr. Spurzheim has very justly and candidly observed, that where information is deficient nomenclature will be vague; the mere registering the names of the different parts of the brain does in no wise conduce to the exact knowledge of its function, any more than the classification of Greek terms can assist us in explaining the ratio-

* The physician alluded to is Dr. Roget.—*See the Phrenological Journal, No. 3, towards the end.*

I should hardly have expected the following observation from so diffident and truly practical a writer as Dr. Knight. “Although it is not in the dissecting room that the movements of the brain can be investigated, yet may we not thence fetch materials to give us some notion of the *cause of sensation, produced by the action of reflection?*” The same author suggests this and other remarks on the same point *reluctantly*, “being anxious as much as possible to avoid psychological questions.”—*See his Observation on Derangement of the Mind, page 6.*

nale of disease. The following passage will serve to exemplify the obscure views of this author in his favourite theme. His words are, "every faculty may be more or less active, and the activity of every faculty may result from its internal energy, or it may be excited by corresponding impressions; and in this respect I have considered the different names given to the different degrees of activity," (though we are to remember that imagination is made to be a faculty, *sui generis*.) "Moreover every faculty may be affected differently, and these different affections, or different modes of action, bear equally different senses."*

Although I have no theory to offer on the constitution of the human mind, considering it sacred ground, and infinitely beyond the sphere of our research, I should still think it unnecessary to have recourse to Dr. Spurzheim's pretended locality of certain feelings and mental attributes, from a belief that the moral sense, perception, and reflection, are far more competent to explain them. The distinction attempted to be made between the *sentiments* and *feelings*, as expressive of an essential part of our social character, would appear, according to strict etymology, to be superfluous, had it not been intended by Dr. Spurzheim

* See the Physiognomical System of Gall and Spurzheim, page 430.

to designate the *latter* as common to man and other animals, and the *former* as peculiar to the human species. Both feelings and sympathies are the result of the associations and signs, recognized by most of the higher orders of the animal creation, with this difference, that the human subject can theorize upon his feelings, and regulate them by the preponderating dominion of reason. The sentiments which arise in the human mind, as Dr. John Hey has observed, “are innumerable, and we might say of innumerable *kinds*, if we made every minute difference to constitute a *new kind*.” But without appealing to any organic apparatus to elucidate these phenomena, this author is contented to assert from experimental reasoning, “that our vices arise from vicious sentiments, indulged so as to be unduly prevalent, and that our virtues arise from good sentiments, to which habit has given power and authority.”

The position which has been palmed on Aristotle, that “*nihil est in intellectu, priusquam sensû fuerit*,”* seems rational and incontrovertible,† and education alone is capable of supplying the

* Dr. Gillies, the translator of many of Aristotle's works, denies his being the author of this axiom.

† If we at the same time allow that in a state of nature man has the *faculty* of knowing, before he has any *acquired* knowledge.

defects of nature, and of increasing the sphere of our endowments. The author of the Phrenological System is inclined to undervalue the importance of education, as tending to develop the human character. He contends, that education alone is incapable of producing any one *faculty* of the mind; but will he deny its essential influence in calling forth the latent energies of the mind, which, but for its interposition, would probably never manifest themselves. "The physiognomist saw in the features of Socrates, the signatures of many bad dispositions, which that good man acknowledged to have felt within him, but the triumph of his virtue was the greater in having conquered them."*

Without indulging in any further digression, the most reprehensible and unfounded stigma which it is incumbent on us to refute, is the erroneous statement on the part of Dr. Spurzheim, and it was the favourite theme of Montesquieu, that insanity is endemial to this island; nor can the multifarious remote causes that have been adduced in support of this extravagant assertion, in the slightest degree tend to corroborate it. If any confidence can be reposed, in the comparative statements of the prevalence of insanity, amongst

* Vide Reid's Essays on the intellectual powers of Man, vol. III. chapter 3.

our fellow creatures in other parts of the civilized globe, and Dr. Burrows has taken some pains to investigate the point, the result will sufficiently screen us from any prescriptive right to arrogate to ourselves, or to yield to the poet's sarcasm,

“Pudet hæc opprobria nobis!

“Et dici potuisse, et non potuisse refelli.”

An unprejudiced appeal to the annals of other civilized quarters of Europe, will serve to demonstrate that this deplorable malady is abundantly more prevalent in France and Prussia, and some parts of Germany, in proportion to the population, than in Great Britain; but this topic will be further reviewed in the sequel of this Dissertation.

The author of the present work by no means submits it to the public as a full or complete history of the subject; on the contrary, the insuperable difficulties connected with many parts of it, would lead him to solicit the candid corrections of those who have embraced a larger sphere of practice, and of more brilliant acquirements. In professing to review the opinions of those who have preceded him, it is impossible to avoid the task of occasional criticism, especially amidst such discordance of sentiment and contrariety of treatment. We should none of us sacrifice so much to the bigotry of great names, as to overlook the right of private judgment in matters of opinion

and reasoning, especially where we can only make a distant approximation to truth. He is willing however to hope, that in aiming occasionally at more correct views, he shall escape the charge of arrogance or presumption, in the investigation of a subject which still defies the closest scrutiny. If the admirers of Dr. Spurzheim's phrenology should regard the criticism here indulged in as too severe, or invidious, the writer would so far palliate the offence, as not to withhold any just tribute of approbation of his talents and ingenuity, although he would disclaim any extravagant eulogium of an author at the expense of truth, or at least where the evidence of its importance in conducting us to a clearer knowledge of mental pathology, is so highly questionable and precarious. He acknowledges, with pleasure, his obligations to this author for some valuable hints on the diversified nature of the disease, and the consideration of the moral and physical treatment of it.

CHAPTER I.

DEFINITION AND DESCRIPTION OF THE DISEASE.

To give definitions that shall comprehend a variety of particulars, is more difficult than is commonly conceived, and in no instance is more felt than on the present occasion. Most persons believe themselves capable of discriminating insanity, but has it yet been properly defined? When contemplated in a popular or philosophical sense, it is generally restricted to some perversion of the mental faculties, and even in this point of view it is susceptible of endless vicissitude.* But a definition derived from this source would be defective, without including the sympathetic influence of corporeal derangement. As an example of the definition of insanity as a mere mental affection, let us take that of the late Dr. James Sims, prefixed to a paper in one of the volumes

* A late practical writer on this topic, has very properly challenged the most acute observer to lay down, with precision, the line of demarcation between an aberration from sound judgment and derangement of the mind.

of the London Medical Society, entitled "Pathological Remarks on Alienation of Mind." He makes insanity to consist in the thinking, and therefore acting differently from the bulk of mankind, where that difference does not arise from superior knowledge, ignorance or prejudice. I have laid the stress upon thinking differently from mankind, because simply acting differently does not constitute insanity.

The following definition of Dr. Johnson appears more consistent with experience than the foregoing. "All power of fancy over reason is a degree of insanity; but while this power is such as we can controul and repress, it is not visible to others, nor considered as any depravation of the the mental faculties: it is not pronounced madness but when it becomes *ungovernable*,* and apparently influences speech or action.† Condillac very pertinently observes, that if madness is to be determined by the consequence of error, we shall never be able to fix the point where it begins. The same author remarks, "that the wisest man

* I take the word *ungovernable* in the most important light, as part of the definition, representing the irresistibility of our actions, or a perfect want of controul over the will, including different modifications or degrees of conscience, in extreme cases of hypochondriasis, or nervous irritability, to a total annihilation of this function in confirmed insanity.

† See his *Rasselas*, chapter 44.

shall differ from the greatest blockhead only in this, that luckily for him, the irregularities of his imagination have such things for their object as interfere but little with the ordinary course of life, and do not create so visible a difference between him and the rest of mankind. And, indeed, where is the person whom some favourite passion does not constantly engage, upon certain occasions, to follow the strong impressions which the objects make upon his imagination, and is thus the cause of his relapsing into some faults? Let us observe the schemes that men form in regard to their conduct, for here is the rock upon which human reason generally splits.”* Mr. Locke has very justly observed, that a man who is very sober, and of a right understanding in all other things, may in *one particular* be as frantic as any inhabitant of Bedlam, if either by any sudden very strong impression, or *long* fixing his fancy upon one train of thoughts, incoherent ideas have been cemented together so powerfully as to remain united.†

In attempting to analyse the mind, either in health or disease, we must easily perceive that

* Condillac on the Origin of Human Knowledge, translated by Dr. Nugent, (part I. sec. 2.)

† The counsel of Lucian is well worth treasuring, as it may apply to intensity of mental application, “vide ne funiculum nimis intendeudo, aliquando abrumpas.”

what we know by comparison only, we must know much less distinctly than what we see immediately, and have a plain and proper name for; and the less distinctly we see any thing, the less clearly can we reason about it: our knowledge must therefore be confined to naked facts.

Dr. Haslam is unwilling to concede all the attributes that are commonly applied to the mind by metaphysical writers, "conceiving that if they really belonged to it, the ingenuity of man would by this time have discovered a more satisfactory clue, through the medium of language, to express them;" but this by no means follows as a legitimate deduction. Condillac observes, "that it would be of no use to inquire into the nature of our thoughts; the first reflection we make on ourselves is sufficient to convince us, that we have no possible means of satisfying this enquiry. Every one is conscious of his thoughts, or of his capability of reflecting; he can distinguish them perfectly from every thing else; he even distinguishes one thought from another, and that is sufficient." Language is but the instrument of science, and words are but the signs of ideas, many of which are purely arbitrary and uncertain, and from long usage we are apt to overlook the connection between the external sign and the corresponding idea.

If the nervous system, as it is at present known, is to be considered as a vinculum between the

mind and the body, no one has yet ascertained the seat of insanity. So far from being justified in ascribing the aberrations of the former to the defect of any single faculty, there is no end to the variety of incongruous features in each individual case. There is considerable analogy in this respect, in the shades of difference attached to each example of corporeal disease; there is no pathognomonic symptom. The principal use of generalizing our observations, is to simplify the character and scientific arrangement of a disease, and systems of classification are established to aid the memory, but more frequently their result is to mislead the judgment. We must never forget that they are mere creatures of the mind or imagination, and no longer than whilst they serve to co-operate with clinical observation, are they entitled to our veneration or regard.

Where the nosological arrangement of the Greek and Roman physicians does not appear so perspicuous as that of modern pathologists, it is still in many parts more consonant with natural observation; and it is sufficiently evident, if we merely reflect on the medical terms which have descended to us, that the body was always considered as bearing a very important share in mental affections; but in very few instances have we the means of ascertaining to what extent their success in practice coincided with their theory.

Dr. Cullen, who has been the idol of great part

of the last century, makes insanity to consist in imbecility of judgment and memory ; and arranging Mania as a genus, he regards it as universal insanity. He afterwards subdivides it into

“ Mania-mentalis, omnino a pathenate mentis,”

2dly, Mania-corporea, a vitio corporis evidenti;
and mania-metastatica—

3dly, Mania-obscura, prægresso nullo vel pathemate mentis, vel vitio corporis evidenti—

These are his more important divisions. He then defines melancholy as *insania partialis, sine dyspepsia*; the latter part of which definition is by no means conformable to experience.* Almost all modern writers have erred in classing delirium with insanity, although the distinction is in general obvious. The late Dr. Willis has contrasted the two affections in a very faithful point of view. “ In delirium the mind is actively employed upon past impressions, upon objects and former scenes, which pass rapidly in succession before the mind, resembling in that case a person talking in his sleep; there is also considerable disturbance in the constitution, great restlessness and want of sleep, and a total unconsciousness of surrounding objects.” Delirium is found to manifest itself at every period of human existence, and cannot well be said to be hereditary. The mind in delirium

* The foregoing division of mania appears to be practical and judicious, and more to the purpose than the multifarious subdivisions of Sauvages.

seems to renounce all its natural connection with surrounding objects, and to evince a constant succession of crude and visionary ideas, totally destitute of meaning.* “In insanity, there is little or no disturbance apparently in the general constitution; the mind is occupied upon some fixed assumed idea, to the truth of which it will pertinaciously adhere, in opposition to the plainest evidence of its falsity, and the individual is always acting upon that false impression.” This author subjoins a further criterion, which is rather more questionable in many instances, viz. that in insanity “the mind is awake to external objects.”† We may venture, however, to assert that delirium is generally a *symptom* only, while insanity, as far as we can judge, is frequently *idiopathic*.‡ In the former, the mind constantly dwells upon some me-

* It is rather surprising that Pinel, throughout the whole of his *Treatise on Insanity*, is constantly confounding mania with delirium, as if they were only shades of the same specific disease. Dr. Knight appears to favour the same opinion.

† This is from a sketch of his Report, taken in an examination before the House of Commons, on his late revered majesty's case.

‡ Dr. Spurzheim, at the opening of his work on *Insanity*, considers it as an important step in the theory and practice of medicine, to discriminate between symptoms and disease. Now the one is a sign of the other, and although a disease may exist without a pathognomonic symptom, yet a certain assemblage of symptoms is required to constitute a disease. Formerly we know that this was the foundation of two sects

lancholy topic, the patient is haunted with spectres; whereas in the latter there is a frequent interchange of agreeable reverie, more or less permanent. In both we find a defect in the moral sense, manifesting itself in delirium, both in speech and action, often in the most exemplary cases of chastity and decorum during its absence. Moreover delirium is almost always to be traced to some organic cause, or as a concomitant of continued fever, or it arises from external injury, and terminates abruptly with the removal of it; and from contagion, it is exemplified at the approach of several infectious and exanthematous diseases, or during the suppurative inflammation of whitlow.

In the most acute stage of continued fever, or at its acme, the delirium that presents itself has been divided into two species, and most accurately delineated by the late Dr. Fordyce. The exciting cause, in these instances, would appear to be cotemporary frequently with the recurrence of the evening paroxysm, and to manifest itself under two conditions of the vascular state of the brain, that of congestion, and that of comparative

of physicians, called empirics and dogmatists. It is true that we are not to trust simply to the external marks of disease, yet clinical experience will frequently convince us that where we are at a loss to give a name to a disease, that we should be deprived of all clue to its treatment, were we wholly to disregard a leading symptom.

deficiency of the circulating fluids. The last species of delirium is marked by a more pallid countenance, and upon dissection by a want of turgescence in the capillary vessels of the investing membranes and substance of the brain. Greater raving occurs, and a quicker succession of ideas in the latter, (which no physiologist would anticipate *à priori*) and it more commonly recurs with the evening paroxysm of fever, and subsides more in the morning; whilst that from fullness of the vessels is more constant, and accompanied with a greater degree of stupor. There is a circumstance in delirium, arising from contraction of the vessels, that seems to characterize the independent nature of the mind in a remarkable degree; that all at once the individual becomes perfectly sensible, after a continuance of this affection for many days, its occurrence being unattended by any critical symptom, as if the mind had disentangled itself from the body.

There is considerable resemblance between some cases of hypochondriasis and melancholia; the subjects of both labour under strong delusive impressions, but in the *former* they are frequently dissipated by well turned ridicule, scarcely ever in the *latter*. The one is generally curable by medical applications to the functions of the abdominal viscera, whilst the other is less susceptible of medical

influence, and submits as little to the art of logic as to ridicule.

Dr. Spurzheim has remarked "that a patient is styled insane, if he believe in perceptions from internal impressions which do not exist." This alone is certainly too unqualified a criterion; and he goes on to observe, that the individual who thinks he has a frog in his stomach, or that he has feet of glass or straw, will be called insane. Many practitioners have witnessed a belief in these delusions in hypochondriac persons, who yet never evinced any absolute attack of insanity, and I have known patients released of these suspicions by the dexterity and address of their medical attendant. On the other hand, the melancholy and deranged subject is constantly brooding over his imaginary evil, and incapable of admitting any other counter impression; and the whole tenour of his conduct corresponds with this state of his intellectual faculties, an inflexible steadiness or apathy, external objects exciting no more variation in his actions than the settled state of his internal perceptions is found to manifest.

The division of insanity into mania and melancholy is in great measure arbitrary, and turns out in many instances more a matter of speculation than practical advantage; and Dr. Haslam acknowledges that he has found the same treatment applicable to both, nor has he treated of them

separately.* This division agrees with that of Galen, of Cœlius Aurelianus, Aretœus and Tralian, who regarded mania and melancholia as merely degrees or varieties of the same affection. Some authors have adopted no other term, expressive of the disease, than mental alienation or derangement; but Dr. Spurzheim very justly contends that mental derangements embrace only those of the intellectual powers.† He therefore prefers the term insanity as a general expression, and observes that it is founded either on the incapacity of distinguishing the diseased functions of the mind, or the irresistibility of our actions, or both united.‡

In a pathological view, the most important distinctions are resolvable into sympathetic and idiopathic, although they are not to be regarded in such strictness of expression, but that each may

* Perhaps it will be found that the melancholic form of the disease attaches more commonly to persons at the middle term of life, and to such as are distinguished by black hair and dark eyes. The pulse in this class of patients is somewhat vacillating, but is generally more slow, and in some very feeble, while in others it denotes oppression without any bold freedom or throb.

† Indeed the whole language of nosology would bear a reform.

‡ See his *Observations on the Deranged Manifestations of the Mind, or Insanity*, (though in this title he capriciously compromises them,) page 77.

be converted into the other. Dr. Parry divides insanity into moral and physical extremes, the first originating in purely mental causes, the last he refers to disordered circulation, or some other disorder of cerebral structure. By this arrangement, we are justified in adopting the terms of idiopathic insanity, or that which appertains primarily to the mind, in many instances undoubtedly superinducing the latter, or physical insanity; were it not so, insanity from moral causes would more commonly subside with those causes, and ultimately cease spontaneously. This conclusion, though plausible, is not uniformly supported by facts. Were we at full liberty to confirm the analogy between phrenology and physiology, we might hope to arrive at a royal road to solve the intricate nature of insanity. So long as physiology is confined to its legitimate province of allowing us to speculate on the brain as an organ of sensibility, and as the centre of motion and nervous influence, and while our pathology is restricted to the elucidation of certain nervous diseases, the influence of which is more or less physically connected with the integrity of the brain, we are in no danger of trespassing on the more recondite moral nature of man, and the unintelligible attributes or powers of the mind. There is a line of demarcation which, however reluctantly, we must still admit, although it cannot be so easily ex-

pressed in comparing insanity with other diseases; still if moral regimen can be proved to cure insanity, which it ought not to do, if its causes were always, according to Dr. Spurzheim, of corporeal origin, how insignificant and fruitless must be the labours of that physician who should satisfy himself with pleading the infallibility or indispensable necessity of medicine, and the incontrovertible proof of cerebral disorganization.

Dr. Francis Willis, a highly respectable and practical author of a *Treatise on Mental Derangement*, divides it into the high and low state, but from a careful perusal of his work, it would appear that the principal scope of this performance is to point out the treatment of two states of delirium, and to shew its propensity, when not skilfully managed, to pass into insanity. The author probably intended to avail himself of the distinctions laid down by the late Dr. R. Willis, who, in his definition of mental derangement, places it in an intermediate point between delirium and insanity; this agreement, however, would not correspond with the delineation of insanity in its generic sense, which may either betray symptoms of corporeal disturbance, or apparently a total absence of them.

Dr. Willis's division of the subject would seem to authorize the denominations of acute and chronic, only that insanity in its usual form is too

often destitute of these distinctions. This author strongly advocates the system of some of the ancient Greek and Roman physicians, in their description of Phrenitis and Lethargus, as synonymous with the high and low states of mental derangement. Probably the following passage of Cœlius Aurelianus may appear at first to favour this construction. “*Aliqui denique a lethargo liberati, absolutam phrenitim incurrunt, ac deinde ad sanitatem perveniunt.*” The interchange of mania and melancholy, or conversion of one into the other, is a matter of daily observation. Celsus, however, one of the most acute commentators of the more ancient medical authorities, speaking of Lethargus, says, “*id quoque genus acutum est, et nisi succurritur, celeritèr jugulat.*”*

It appears that Celsus arranged three distinct modifications of insania, under the head of *phrenitis*. His description of our modern melancholia, which forms the second genus, is very accurate and concise, and he was aware that it occupied a longer time than the other forms. In this form of the disease, as he regarded it as one of the atro-

* This author appears to have laid great stress on the use of applications to the head in mania, and gentle friction with oil, or different medicated inpedients; but he cautions the practitioner against persisting in it too long, lest it should superinduce lethargus. “*Nimia fricatio etiam lethargi periculum afferat.*” Lib. 3.

biliary temperament, bleeding and emetics were employed. He considered *delirium* as a distinct disease, but terms it, “genus insanientium, specie simili, similique victûs genere curandum; preterquam in hoc insanix genere *solo* recte vinum datur.”—*Lib. 3. cap. 18.*

With due deference to Dr. Willis's superior judgment as a classic, I would venture to think that the arrangement of Celsus differs widely from his predecessors, as to the real nature of lethargus, which is more congenial with our Coma, and the antients might have contrasted it with phrenitis, because in the one the patient seldom or ever slept, and manifested the utmost violence, whereas in the other it was the most difficult thing to rouse him. In fact, the description afforded by Celsus accords with the nosological arrangement of Cullen, under the head of *neuroses*, and the species Carus, Coma and lethargus.* If Celsus had considered lethargus as strictly congenial with mental derangement, he would surely have included his account of it under the three genera

* The description of lethargus given by the late Dr. Willis, particularly the passage quoted by Dr. F. Willis, will hardly admit of any other construction. (*Vide Dr. F. Willis's Treatise, page 204.*) And its affinity to apoplexy is very ably elucidated by Dr. Abercrombie, in a paper on that disease, in the 58th No. of the Edinburgh Medical and Surgical Journal.

which he makes of insanity, for it does not appear that they employed any pathological term analogous to mental derangement. One of the leading traits of lethargus, in the language of Celsus, is “inexpugnabilis pene dormiendi necessitas,” and the practice of resorting to the most powerful sternutators, such as galbanum, castor, garlick and hellebore, which was a primary step with them, would dispose any impartial critic to contemplate lethargus in a different light from that in which Dr. Willis has so strenuously attempted to support it. The other indications of difference may be collected from the early use of blisters to the head, and the exhibition of the fœtid gums, volatile drugs, and mustard cataplasms. Celsus, indeed, at the very outset of the twentieth chapter, calls lethargus *alter morbus, et phrenitico contrarius*, which does not express or seem to imply a mere gradation of one into the other, which is the notion inculcated in Dr. Willis’s Treatise.

These sentiments, though delivered with freedom, and I trust with candour, are not intended to impeach the merit of Dr. Willis’s work, which, upon the whole, is written with judgment and perspicuity, and reflects considerable credit on him as an observer. In many parts of his performance our opinions are congenial, although I should still think that the title of *insanity* would

better accord with the projected subject of discussion.

Before I presume to offer my own description of insanity, I would merely take occasion to observe, that from the loose and indiscriminate mention of Fever as a concomitant of mania, I should be led to think that both the ancient and modern physicians have frequently betrayed a want of accuracy of description and practical consideration of Fever, which the late Dr. Fordyce so admirably laid down, as constituting a distinct genus, and not to be confounded with the simple concurrence of heat, quickness of pulse, or general restlessness.

It does not appear, with the exception of Aretæus, that the antients insisted upon the different forms of this malady to emanate from any specific disease of the nerves; this has been reserved for the speculations of modern pathologists, amongst whom the late Dr. Cullen and Dr. Crichton have taken a decided part; and probably Aretæus had as little real insight into the essence of the disease when he derived it from the morbid state of the *nerves*, as those of our more immediate ancestors half a century back, who were contented to shelter their ignorance of many diseases under the ambiguous appellation of *nervous*.

Madness* is a continued abstraction of the

* For some portion of the description of this disease, I think it proper to acknowledge myself indebted to a manu-

mind, as it were, from the body, inasmuch as that common objects applied to the organs of sensation, in most instances do not impress those ideas which should be excited in health, nor do they partake of their accustomed accuracy. According to the perspicuous analysis of *sensation* given us by Condillac, and confirmed by every sound physiologist, we must distinguish three processes, “1st, the perception which we feel; 2dly, the application we make of it to something without us; and 3dly, the judgment that what we apply or attribute to these things really belongs to them.”* Which of these processes is defective in the insane individual it may not be easy to discriminate. One very essential requisite to the faculty of perception, which it is very difficult to command in the maniac, is *attention*; in many instances it is a work of the utmost labour. As for the powers of reflection and reasoning, Pinel observes that they are visibly impaired or destroyed in the greatest number of cases. The imperfect state of the memory is liable to considerable diversity; but as this faculty essentially depends upon the activity of consciousness, we might easily anticipate the

script lecture from the late Dr. George Fordyce, whose powers of observation were too well known to require any further eulogium: and even this celebrated physician confessed his obligations to the best writers on the subject. “*Ingenui est fatesi per quem profeceris.*”

* See his *Origin of the Human Knowledge*, part I. sect. 1.

result in this disease.* The mind, in this situation, is constantly engaged about something else than the object present, from which it is not diverted, and the disease is often produced from long attention of the mind to objects absent, from religious austerity, excess of grief, or mortification in worldly enterprises. Sometimes it has arisen without any apparent cause, frequently in melancholic temperaments, and thus it is often propagated from parents. It seems also to be entailed as some kind of counterbalance to that pride with which those are fraught, whose families have not intermarried with any other than their own, and it has occasionally shewn itself in such families as a consequence simply of the pride to which they are prone. If it has not degenerated into complete mania, yet the extreme singularity of their conduct has rendered them objects of commiseration rather than of envy. Occasionally too earnest a degree of attention to some mechanical problem, such as that of perpetual motion, or a pretended

* A late intelligent and experienced author has specified the following characteristics of insanity. "A confusion in the intellect, with *some* degree of correctness of perception and consciousness; the confusion being frequently in the early stage of the disorder, manifested more by actions than words.—*Vide Observations on the Causes, Symptoms, &c. of Derangement of the Mind, by Dr. Paul Slade Knight, page 7.*

discovery of the art of flying, which Johnson has beautifully depicted in his *Rasselas*, have been followed by a paroxysm of insanity. "There is hardly a person, says the Abbe de Condillac, who in his idle hours has not had some reverie, in which he has imagined himself the hero of the romance. These fictions, which are called castles in the air, generally produce only a slight impression on the brain, because we seldom give way to them, so that they are soon dispersed by some real objects, with which we are obliged to occupy our thoughts. But suppose some sudden fit of melancholy seizes our mind, so as to make us avoid the company of our best friends, and dislike every thing that pleased us before, we shall then find in the transport of our grief, that our favourite romance will be the only idea that can divert us from it. The animal spirits, by degrees, will dig such a strong foundation to this castle, that nothing will be able to demolish it; we shall fall asleep in the building of it; we shall dream that we reside in it, and in fine when the impression of the spirits shall insensibly arrive at that pitch, as if we really were what we have fancied ourselves to be, upon returning to ourselves we shall take our chimæras for a reality. Perhaps the madness of that Athenian, who imagined all the ships which entered the Piræum to belong to him, was owing to no other cause."

The faculties of the mind are not wholly deficient in mania, the imagination is highly fertile. In other cases they seem to have lost all power of association, or arrangement of ideas, or they combine a false remembrance with an active imagination; and it is often upon this they act and utter all those things which constitute their derangement. In a great proportion of cases, the mind is crowded with a mass of incoherent ideas, which the patient mutters to himself or his attendants. As the majority of insane persons are as much deranged in their feelings, as in the manifestations of the intellectual functions, one of the earliest features of the disease is a desire for seclusion, and an aversion to the closest ties of consanguinity, a depravation of the moral sense, and unfounded suspicion of malevolence in others, or secret machinations.

————— “Forgotten quite
All former sources of dear delight,
Connubial love, parental joy;
No sympathies like these his soul employ,
But all is dark within!

Epitome of Burton's Anatomy of Melancholy.

Truly may we agree with Dr. Davis, (the Translator of Pinel's work on Insanity) “that once the ornament and life of society, he is now become a stranger to its pleasures, or a disturber of its tranquillity.”

There would appear to be some cases wherein the mind of man leaves him in the same situation as the brute animal, which must be considered as a disease, as the mind is naturally connected or in harmony with the body. The sensibility and irritability being diminished, the body becomes less subject to other diseases, and simple wounds and accidents sooner recover. The affection of the mind is seldom stationary, sometimes the disease is going off, at another time recurring, and again increasing.

During delirium, as well as in insanity, persons are frequently supposed to be seen who are not present; beings that have no existence. Sounds, words, and sentences, are likewise supposed to be heard, which have no reality; and in delirium more especially soliloquies or conversations, are almost constantly supported either in a muttering or furious way, with these imaginary spectres. In delirium the memory is rather blunted than depraved; it is therefore vague and indistinct, the patient discovers less perseverance or energy, there appears to be no clear determined purpose, and when he seems to have some object in view, he as often adopts totally inadequate or ridiculous means of attaining it.* Their reason is perfectly

* Aretæus observed "that in phrenitis patients are mistaken in their perception; but that maniacs are correct in their perception of things, but wrong in their judgment."

inert, and many of them betray rather a state of fatuity than actual insanity. Much contrariety of opinion has prevailed amongst different authors, as to the actual state of the mental faculties in mania. There cannot well be a more discordant picture of insanity than the following summary of Dr. Prichard's.* “It must be allowed that confused and indistinct perceptions may be observed to take place in some states of disease, which arise occasionally in the course of madness. The ravings of a maniac are also on some occasions so incoherent, that it is difficult to distinguish in them the proofs of his possessing the power of clear perception; still it cannot be thought that any defect of this faculty is a general or characteristic trait of the disease, since lunatics in general, amidst all their hallucinations, *evidently* possess the power of perception in a very perfect degree.” Dr. Haslam coincides with this author, in admitting the integrity of the powers of perception. If, however, the false impressions on the organs of sense were immediately capable of correction by the mind of the insane, and no mistaken apprehensions recorded, how can we possibly account for the absurd convictions of those lunatics, who appeal to their senses of sight and hearing, for the intrusions of numberless visionary forms of

* Section 2, page 122, in his work on Nervous Diseases, vol. I.

existence, the organs themselves remaining physically entire?

It is obvious that in maniacs there is a frequent sympathetic perversion of the organs of sense, which may be termed the external functions of the mind. The first and most remarkable loss of healthy function attaches to the eyes. Objects appear bright or fiery, the eye seems to protrude more than in health, and in some cases it is flatter and dull, external objects producing but slight or contradictory impressions. The ear betrays less accuracy of receiving the impression of sound; upon the whole the function of this organ would appear to undergo more alteration than any other individual sense, as it is to this organ the lunatic refers us for many of the delusions under which he labours, and many experience a *tinnitus aurium*. The smell and taste are not exempt from this perversion of character, and the sense of touch evinces very decided proofs of morbid change, for the insane deceive themselves frequently as to the relative size, figure, and weight of most surrounding objects, and are generally incapable of employing their hands to any useful mechanical purpose. These manifestations are not universal, as some are found to write with ease and accuracy, while others are uniformly defective in orthography. Some individuals, during the remission of the paroxysms, will read with tolerable accuracy. Others again are occasionally

transported by different subjects of music, and betray an astonishing ear for harmony.

Dr. Prichard concentrates the alienation of mind within the limits of memory and imagination, or reverie, and considers that the habit which characterizes a lunatic, is that of confounding the results of these two mental operations, and mistaking the ideas of reverie for the impressions of memory and reflection. If this is a correct statement of the matter, we must renounce Mr. Locke's argument in favour of their possessing the faculty of judgment, for if the foregoing habit does not manifest depraved judgment, where are we to look for it? Sauvages has prefixed to the whole order of deliria, the title of "errores mentis judicantis;" and Cullen states "that the false judgment is of relations long before laid up in the memory." How far the judging faculty is not to be impeached in insanity, we may further collect from a curious instance of the alledged *survival* of reason in a dissenting minister, whose case is recorded in the Gentleman's Magazine for 1762, and brought forward by Dr. Prichard. We are informed "that the individual in question laboured under the most inflexible belief, that he had incurred the *sensible* displeasure of God, who had caused his rational soul gradually to perish, and had left him only an animal life in common with brutes; that it was therefore profane in him to

pray, and incongruous to be present at the prayers of others."

There is little danger of asserting, without professing to attach any precise meaning to the phrase, that in madness the mind is not perfectly master of all its functions, and the civil laws of every enlightened country have lent their sanction to this opinion.

The lunatic is not uniformly, and but very slightly under the controul of reason or reflection, nor does the conscience betray its usual energy, hence the defect of the moral sense, a great multitude of persons having no correct belief of their own existence, and still fewer of their real situation. Our great poet of nature was not ignorant of the intimate connection between the mind and the body, but displayed a further knowledge of those states, where the human subject exhibits proofs of their not being *equally* alive to external impressions. In the derangement of Lear—

"Thou think'st 'tis much that this contentious storm
Invades us to the skin, so 'tis to thee;
But where the greater malady is fix'd,
The lesser is scarce felt."

In addition to the phenomena already noticed, we recognize more or less incoherence of thought and speech, of furious contention under restraint, of extraordinary gesticulations of the body, and

various degrees of muscular exertion, both voluntary and *involuntary*, but generally the latter, to almost an entire suspension of the power of motion.

In some partial cases of insanity, which are very difficult of cure, the mind appears perfectly sound, except when turned to one particular object, and then it becomes totally distracted, and the sensations are lost.* This peculiarity of mind is excellently delineated by the author of *Don Quixote*. Many individuals affected with this species of madness, will converse on any other topic so sensibly, and exhibit such sallies of wit, without any sort of extravagant emotion, that even physicians of some repute have mistaken the cases, and been led to report the patient's sanity. But the characteristic indications of countenance and manner, to an experienced observer, will still guide his diagnostic. The prevailing subject of delusion which has led to insanity, will frequently serve to decypher the nature of the case, as it

* Fodere, in his *Traité du Delire*, relates a singular case of a Merchant at Marseilles, aged seventy, and always a decided royalist, who had devoted himself to heraldic researches. He was so overjoyed at the return of the Bourbons to France, that he became insane. His predominant mania was to recite with a loud voice the history of the Kings of France, and to fatigue his auditors with a tedious catalogue of chronological facts. If they listened with patience he was contented and calm, but if any impatience was manifested his fury became ungovernable.

may be accompanied with emotions of anger, pride, dejection, or despair. In many instances, the patient tortures himself with false charges of the most revolting kind, with sins which will admit of no expiation, or the constant influence and conviction of some malignant spiritual agent. It were a vain task to combat such prejudices with the armour of reason or ridicule; the most expedient resource on our part, is to yield for a time to the patient's conviction, and to strive to rouse their attention into a different channel.

The ferocious and melancholic discover very different propensities; the latter makes up for his deficiency of violence by a more deliberate course of perseverance, and apparent brooding over his situation, being frequently bent upon self-destruction, and endeavouring to accomplish it by various artifices. And we find that the melancholy sufferer will execute his intentions not by employing a lath, or a straw, but by means of a mutilating or cutting instrument.*

Sometimes the attack of mania assumes a very active form, the patient becoming perfectly delirious, or phrenetic, refusing sustenance, and compliance with every attempt to enforce the horizontal position; the pulse shall be 110 or 120

* Dr. Haslam has given us instances of two individuals, one of whom inflicted considerable mischief by a piece of tin, and another by the continued application of a pin.

in a minute, the tongue furred, a considerable heat of the skin, and extraordinary wildness of aspect. This case might be mistaken for fever, but it resembles it in no other particulars: the patient soon falls a victim to the attack, but no organic lesion is discoverable on dissection, and it is to be considered on the whole as a very rare specimen of the disease. This deviation from the common form of mania was promulgated by the late Dr. Fordyce, and it rests on his authority.

Insanity is more liable to return by paroxysms than to remain constant, although the paroxysms may occupy very indefinite periods of time.* When it returns it is, at first, more violent, and as it assumes somewhat of a chronic or permanent form, it is commonly more mild, though in either case the symptoms are for the most part similar. Where the disease is fully established, and preserves a uniform character, no fresh knowledge is acquired; it is true the patient may display feeble dawnings of recollection, but upon the whole, in the majority of instances, his moments succeed each other as a blank in his existence. Occasionally, during the convalescent stages of insanity, patients have been known to evince singular powers of fertile imagination, and attempts at subtle

* Dr. Haslam has recorded an instance of a middle aged subject, who continued in a state of unabated fury for more than fifteen months.

reasoning, so as to impose on the credulity of intelligent observers. They have manifested also extraordinary proofs of a retrospective knowledge of antecedent events and ideal scenes of action, and of the different courses of discipline they have incurred. A most circumstantial and interesting example of this kind is subjoined to Dr. Knight's late work on *Mental Derangement*. The precursory indications and feelings towards the restoration of the mind, were strongly expressed by the individual whose case was adduced by Dr. Rush, in the sequel of this Dissertation.

In that variety of partial insanity, where the mind appears to be absorbed on one object, the cunning of the individual is very great, and he conceives himself exceedingly wise: this kind of madness is more slow, more constant, and is rarely exterminated. But when it occurs with a violent paroxysm then it subsides, and goes off of itself, and the patient becomes sensible of his situation, and guards against future attacks; but it will occasionally recur suddenly, notwithstanding every art of prevention on the part of the unfortunate sufferer or his attendants. What Virgil applies to the powerful influence of love, may be justly transferred to this malady.

“ Hæret lateri lethalis arundo.”

The eyes of maniacs are either fixed on one

object attentively, or they present an unmeaning appearance; for the most part they remain fixed, hence that peculiar wildness of aspect, or ferocious stare, so characteristic of insanity, and so difficult to express by language. A few straws appear to him as sceptres in his hands. He is a king, and those around him are his subjects, or he is a beggar supplicating alms; in short, every object is misrepresented to him. It sometimes, however, happens that in one state of mind he shall be sensible, as in the ordinary transactions of life, but turn his ideas to one certain object, and he shall become instantaneously the madman. We shall in vain endeavour to discover the physical principle of this transformation, from any thing analagous in purely corporeal affections! The metamorphosis of King Nebuchadnezzar, in the language of the sacred writers, during a sudden attack of insanity, into the form and habits of a brute beast, appears hardly a figurative expression.

There is a curious instance of self-sufficiency and cunning, recorded in page 122 of the Sketches of Bethlem, which deserves our attention; the patient was fortunately restored in about two months. When first addressed, he observed, "that he was thought to be mad this time only because nature had furnished him with more discernment, reflection, and fancy, than his neigh-

bours, and he had not prudence to conceal them, therefore he was found guilty of common sense, (a faculty without a local habitation in Dr. Spurzheim's chart) and sent to prison. According to this man's notion, Bedlam was the only quiet and rational society in the country, for the people out of doors were ten times more mad than those within, and all London should be a Bedlam in order to restrain its mad inhabitants, one half of whom were too mad to perceive the madness of the other half." The taste and invention of this prolific genius were incalculable; but just as his plans were matured, and the machinery brought to bear in his own mind, the same miscarriage awaited them that checked the presumption of the flying philosopher, so humourously described by the inimitable author of *Rasselas*.

Pinel, in expatiating on the different lesions of the understanding, during paroxysms of insanity, very justly observes "that in some instances all the powers of the mind are either absolutely enfeebled, or more than usually excited. In other instances, the change or perversion affects but one or few of the intellectual faculties, while the others are found to acquire a new degree of developement and activity." Very often extremes of long continued taciturnity prevail in cases of the melancholic form of the disease; this feature of the complaint will be carried to an invincible

extent for many weeks together, in some instances accompanied with remarkable sullenness of conduct, and in others marked by a total apathy and apparent vacancy of thought. On the other hand, we may observe a most protracted loquaciousness for twenty or thirty hours, until a sort of deliquium follows from exhaustion. Examples are not wanting of the patient's exhibiting a greater degree of talent than he possessed in health, particularly in the quick and accurate recital of poetry or history, which will entirely forsake him in the progress of convalescence.

We have a very pertinent illustration of a morbid talent (if I may use the phrase) for poetry, in the case of Thomas Lloyd, an individual who otherwise unites the most heterogeneous propensities, but whose poetical effusions would hardly discredit Churchill. He has the vanity to rank himself with the highest; and domineers over the silly and quiet patients. This untameable genius has been in St. Luke's Asylum several times, and in different private establishments, though since transferred to Bethlem; he is said to be sixty-one years of age, and is extremely active.*

Certain impediments of speech, and habitual gestures, that predominated before the commencement of insanity, have sometimes suddenly vanished; and on the other hand, those who had

* See the Sketches of Bethlem, pages 27, 38.

never manifested the least taste for music or poetry, have on these occasions excited the astonishment of their attendants. Dr. Rush has alluded to several instances of this kind in his *Medical Inquiries and Observations on the Diseases of the Mind*.* These peculiarities Dr. Spurzheim is disposed to regard as merely disturbed functions of the different faculties, and *not at all* the disease; but that these phenomena are explicable only by admitting a plurality of *independent* faculties and respective organs, and their mutual

* The following very singular case, recorded by Mr. Tuke, in his *Description of the Retreat*, on the testimony of a medical friend, seems to prove that even during idiocy the mental powers are rather suppressed than annihilated.

“A young woman, who was employed as a domestic servant by the father of the narrator, when he was a boy, became insane, and at length sunk into a state of perfect idiocy. In this condition she remained for many years, when she was attacked by a typhus fever; and my friend having then practised some time, attended her. He was surprised to observe, as the fever advanced, a developement of the mental powers. During this period of fever, when others were delirious, this patient was entirely rational. She recognized in the face of her medical attendant the son of her old master, whom she had known so many years before, and she related many circumstances respecting the family, and others, which had happened to herself in her earlier days. But alas! it was only the gleam of reason; as the fever abated clouds again enveloped the mind; she sunk into her former deplorable state, and remained in it until her death, which happened a few years afterwards.

influence: but what real advancement in knowledge can we anticipate by this circumlocution?

The following singular confession is ascribed to an insane person who had been cured by the late celebrated Dr. Willis; perhaps it ought to be received like the late Confessions of the Opium Eater. "I always expected with impatience the accession of the paroxysms, since I enjoyed during their presence a high degree of pleasure. They lasted ten or twelve hours. Every thing appeared easy to me. No obstacles presented themselves in theory or practice. My memory all of a sudden acquired a singular degree of perfection. Long passages of Latin authors occurred to my mind. In general I have great difficulty in finding rythmical terminations; but *then* I could write in verse with as much facility as prose. I was cunning, malicious, and fertile in all kinds of expedients."

From the earliest records that have descended to us upon the subject of insanity, it would appear to have been confined principally to the civilized parts of Europe, and in very ancient times to have been regarded in the light of a demoniacal possession. The earliest meta-physicians and priests (for the medical and sacerdotal professions were united) amongst the Ægyptians were accustomed to impute the derangement of the mind to some agent, independent of organization; and in their hieroglyphics, according to Pierius, a melan-

choly man was represented by a Hare sitting in her form, as being a most timid and solitary creature. Whilst melancholy does not transport the sufferer beyond controul, Burton makes it out “*Mentis gratissimus error.*” Dr. Rush observes, that after much enquiry, I have not been able to find a single instance of fatuity amongst the Indians, and but few instances of melancholy and madness. He also states, on the authority of Baron de Humboldt, that he did not hear of a single instance of madness amongst the uncivilized Indians of South America.* How far this malady has accompanied the progress of the European Colonies in the northern parts of it, from its earliest discovery, we are not precisely informed.

To shew the force of the impressions of fancy, previous to the attack of insanity, and its obvious effects on the return of reason, a very singular example is afforded by the author of the Sketches before alluded to, in the case of Thomas Fletcher, who, on his admission into Bedlam, deposited some of the most worthless and frivolous articles under the custody of his keeper, with a strict charge not to allow any person whatever to open the parcel. As a proof of the perversion of his

* Surely these facts strongly tend to prove that something more than *material* organization is required to generate this disease, and that we must ascribe its origin to a moral source and the greater cultivation of the mind, and greater irritability and sensibility of the system at large.

understanding, or want of common sense, he regarded the oyster-shells as jewels of invaluable price, and the keeper was earnestly desired to restore them on his recovery. On being remonstrated with by him for his unaccountable prejudice in setting such store by oyster-shells and dying speeches, his answer was, that his mind was all along impressed with a fixed persuasion that his father's Will bequeathed him a handsome sum, and that the paper inquired for contained the original Will; and he was greatly surprised that the keeper should in the least doubt it.* On opening

* The following passage on the power of association of ideas, is well expressed by Condillac, and may serve to throw some light on the mental operation in this case. He observes "that this power has its inconveniencies as well as its advantages. In order to render this obvious, let us suppose two men, one who never could connect his ideas, the other who connects them with such force, that he is no longer able to separate them. The first would have neither imagination nor memory, nor, consequently, any of the operations which these produce; he would be incapable of reflection, nay he would be quite an idiot. The second would have too great a memory, and too lively an imagination, an excess which would be productive of almost the same effect as an entire privation of both. He would hardly have the use of reflection, he would be a madman. The most heterogeneous ideas having been strongly connected in his mind, for no other reason but because they presented themselves together, he would judge them to be naturally connected, and would range them after one another as just consequences:—See Chapter 3, Part I. of Condillac's *Work on the Human Understanding*.

the dying speech, enveloped within forty wrappers, it appeared to be adorned with the figure of a female hanging on a gibbet. Poor Fletcher seized it with rapture, declaring that was the very thing that made him happy. The intelligent author of this communication observes, "that the individual was utterly illiterate, and could not read the printed paper, and therefore there must be some unexplained cause for his valuing it so highly. That the impression which began with his derangement, and was probably the very cause of it, should still continue when he was in other respects perfectly freed from his delusion, was a singular circumstance, for he was discharged cured, and had suffered no relapse."

A further instance of the duration of mental prejudice occurred in the instance of Henry Snelling, whose derangement turned upon a supernatural degree of skill in the construction of bridges, and extraordinary knowledge of the pedigree of horses, and who actually believed one of the females about him to be a mare. "Many months after the malady had considerably abated, on being reminded of the circumstance, he assured the keeper that he remembered the occurrence perfectly, and that for a long time subsequent he believed the woman was a mare, and that all he had said about her at the time was perfectly true."

The peculiarities attendant upon insanity would furnish an inexhaustible source of observation,

and are calculated in many respects to correct some of our most inveterate prejudices respecting the human mind, or to develop the nature of those faculties which are more difficult to appreciate. Perhaps they serve as a clue to the better understanding of the mind in health, in the same way as one of our former distinguished prelates inculcated the rules of the English Grammar, by a series of false concords and barbarian dialects.*

Although the insane "take no note of time," yet they are generally very tenacious of their liberty. They remind us of the picture of Sterne's Starling in a state of confinement: "disguise thyself as thou wilt, still slavery thou art a bitter draught!" In this country, at least, they are very ready to defend and plead for this birth-right as an unalienable possession; and frequently where the lunatic ceases to be an object of terror, or a serious burthen to his friends, it appears unreasonable to impale him for life in a place of confinement. Not only motives of humanity, but the occasional chance of recalling the mind to its deserted mansion by a change of scene, in those subjects who have never betrayed any vicious or turbulent disposition, would strongly justify a probationary trial. Nevertheless a grave responsibility attaches to a medical practitioner, and every artful individual is eager to avail himself of the plea of a

* The late Bishop Lowth, author of English Grammar.

lucid interval, which is sometimes promoted by the indiscretion of his friends. The late memorable investigation of Matthews's case, an individual of great energy of mind, who had undergone a long course of confinement in Bedlam, will serve as a useful precedent to guide our decisions, and to regulate our conduct. Real lunatics, at the periods of remission, are desirous of being deemed free from the malady, and often assiduously endeavour to conceal from observation those lapses of thought, memory, and expression, which would tend to betray them. Alexander Cruden, when suffering under his last attack of mental aberration, on being asked whether he was ever mad, replied, "I *am* as mad now as I was *formerly*, and as mad *then* as I am *now*; that is to say, not mad at any time."—See Mr. Hill's work on *Insanity*, page 392.

Shakspeare, who has given us such exquisite pictures of mental alienation, though he has made most of his fools subtle philosophers, has put into the mouth of Hamlet a true specimen of the stratagem and address of an insane person to elude the charge.

"My pulse, as your's, doth temperately keep time,
And makes as healthful music; 'tis not madness
That I have uttered;—bring me to the test,
And I the matter will reword, which madness
Would gambol from."*—*Hamlet*, Act III, Scene 3.

* The reader will bear in mind that madness was imputed to this Prince, through the wounded consciences of the Queen

Such is the fluctuating state of intellectual health, that the madman, as well as one in the reputed possession of a sound mind, will persevere in an argument with the utmost plausibility to a certain extent, until the favourite theme which had engrossed his contemplation suddenly recalls the train of his former ideas; he will then argue with more than usual vehemence, irascibility, and self-importance, and thus convince his audience of their unfounded opinion of the integrity of his reason. Those who are most conversant with the disease, can certify that as the violence of the paroxysm abates, and some degree of apparent tranquillity and ratiocination supervenes, many individuals betray a degree of shrewdness, which is so imposing as to pass for a restoration of the mental faculties; indeed there is obviously a remission of the most prominent symptoms, and this has been distinguished by the term of lucid interval, which the most experienced only can properly determine, and which very seldom is sufficiently stationary to justify a *complete* release from confinement, though during this precarious interval the individual is held responsible for the perpetration of heinous offences.* The term lucid

of Denmark and her base husband; but the language retorted by Hamlet is equally applicable to counterfeit as to real insanity.

* The proof of this position derives confirmation from the fate of the late Earl Ferrers.

interval is one of vague signification, and the laws of this country require a more explicit avowal of the actual state of the patient, than we can at all times adduce.

The late Dr. Johnson has, with his accustomed powers of description, given us an interesting portrait of mental delusion in the character of his philosopher, who was anxious to impart the wonders of his intellectual acquirements to Imlac, and as a mark of peculiar confidence, to represent his supreme controul over the elements. And, to descend from romantic fiction to real life, somewhat a parallel case is recorded by Dr. Haslam, of an individual in a state of mental convalescence, who was continually engaged in rubbing his feet, and would never disclose the secret of it, until upon being required to exhibit them to the medical attendant, he confessed himself anxious for a confidential friend to reveal the secret to; and the delusion which actuated his conduct, proved to be a firm belief that the boards upon which he trod were heated by subterraneous fires, under the directions of invisible and malicious agents, whose intentions were ultimately to consume him.*

Having dwelt upon the most uniform and con-

* See Haslam's *Observations on Mania*, &c. page 51, and a highly interesting case detailed by Mons. Pinel, in his *Treatise on Insanity*, in the person of a celebrated watch maker at Paris. (page 69, Dr. Davis's Translation.)

spicuous marks of mental alienation, our attention must now be directed to the sympathetic and concomitant traits of corporeal disturbance.* In scarcely two instances is the disease ushered in with precisely the same appearances, for the different habits, propensities, or previous occupations, bodily or mental, necessarily lead to a difference of outward character and expression in each. In the very early stage, the patient frequently manifests a degree of uneasiness which he cannot communicate, *he exhibits a sallow or cadaverous aspect*, and takes no interest in domestic occurrences; frequently he complains of a sense of constriction about the præcordia, or stomach; want of regular appetite and constipation of the bowels, and the deprivation of natural rest, symptoms which denote, more or less, striking proofs of dyspepsia. He speaks with a deep hollow voice, “*vultus ad sidera tollit*,” and walks with a quick and precipitate step, or halts suddenly, as if under the impression of some peculiar subject of contemplation. Others again are conspicuous for loud and unrestrained laughter. So various indeed are the shades of

* The deficiency of the narration of bodily sympathy, in Dr. Haslam's cases, no less than the medical treatment is a subject for regret. The reader is introduced from a survey of the peculiar hallucinations of the individual, immediately into the dissecting room, where the most opposite states of insanity afford a similar series of morbid phenomena, “*quales decet esse sorores*.”

insanity, and such are frequently the indelible traits by which it is characterized, that we too often find not only the most judicious medical and moral advice employed without effecting more than rendering the sufferer a little more tractable, and less obnoxious to others, but altogether without a prospect of radical cure; and often when we flatter ourselves with a confident expectation of a permanent cure, some fresh source of mental or physical irritation will recur, and blight our most sanguine predictions. Dr. Currie observed, "that while madness hastens not the approach of death, it destroys all that makes life valuable, and strikes at once at all the powers and privileges of man.*

At the commencement of this malady, the irritability and sensibility are frequently very great; but in its progress, these properties are so much diminished in very many instances, as to offer very feeble proofs of existence. Cold does not excite the sensation of cold.† The patient can inflict various degrees of injury on himself with little or no apparent suffering; and purgative and other classes of medicine frequently fail of producing the same effects as in health, so that the communication between the living power and the

* Currie's Medical Reports, Vol. II. (page 22, Appendix.)

† I have attested this fact in many striking instances, where long exposure to severe cold has been borne with impunity; but Dr. Knight is disposed to judge differently in the majority of lunatics.—*Lib. Citat*, page 123.

mind seems to be diminished, and in some cases nearly abolished; in others it is varied so as to produce quite different effects from what are ordinarily excited. Dr. Haslam has endeavoured to controvert these facts partially, in his work upon Insanity, but they have been too frequently attested by the author of this Dissertation to admit of a doubt. How far this deviation from the ordinary phenomena in health may attach to the more delicate or civilized subjects of either sex, he will not too peremptorily determine, in opposition to such respectable authority.*

Maniacs generally sleep with difficulty. The late Dr. Fordyce used to observe that, properly speaking, they are never awake. "Monsieur Esquirol has laid down the want of sleep as the most unvarying symptom, and a disagreeable foëtor exhaled from the body of the patient." Frequently the patient will pass many nights in succession without an atom of refreshing sleep, the mind assuming a kind of delirium, and the individual appearing to enjoy no distinct vision; so that for a time he would appear to be nearly insensible

* Dr. Beck observes that this insensibility is obvious enough during the paroxysm, and remarks that the high degree of mental excitement which then prevails, creates an insensibility to external impressions, and although their effects may be afterwards experienced, as in Dr. Haslam's cases, yet for the present they are unheeded and unfelt.—See *Dr. Beck's Medical Jurisprudence*, edited by Dunlop, page 229.

to external objects. Whether repose is not strictly necessary in such a situation, or whether it be prevented by the quick succession of ideas, it is equally certain as singular, that a great proportion of the insane sleep very imperfectly. Those who have witnessed the ravings and dreadful imprecations reiterated through the night within the walls of St. Luke's Infirmary, independent of practical attendance on these unhappy subjects, will readily subscribe to the truth of this position. If we did not witness the extraordinary length of time which this function has been dispensed with, could we for a moment hesitate to impute the perturbed imagination, the incessant ravings, and squalid appearance of these objects, as a good deal connected with the deprivation of this function, giving rise to endless morbid feelings of mind and body, which the lunatic is utterly incompetent to reveal, although he often gives us the most incoherent statement of them. I have laid the more stress on the privation of sleep, as indirectly prolonging the paroxysms and the disease altogether, thereby furnishing a very important indication in the cure, to be subsequently noticed.

The ideas of the patient are often more incoherent at the commencement of the disease than at a more advanced period, and they will be expressed with the greatest volubility of articulation, the mind rambling from one subject to another with such rapidity, that it is difficult to

trace the slightest connection or association, nor can we obtain a pertinent answer to any single question, the patient's attention being instantly diverted to some other object. As the paroxysm declines, and the disease acquires a more settled character, the impetuosity and hurry of the individual are diminished, and his ideas seem to flow in a fresh current, until some recent illusions engross all his thoughts, and he relapses into a more intractable state. On other occasions the lunatic is under the strongest impulse of rage and violence, and regards every one as his mortal enemy. His emotions are so vivid, so strikingly depicted in the countenance, and his exertions so difficult of restraint, that the arterial system becomes powerfully affected, attended with an obvious increased determination to the head, considerable accession of heat and thirst, scarcely admitting of any interval of repose.* When the

* Well may we exclaim, "quantum homo homini distat!" The case of Patrick Walsh, one of the late ringleaders of the mutinous and murderous crew of the *Hermione* Frigate, presents one of the most appalling spectacles of ferocity, and the most malignant passions, without disguise, that can well be conceived. It is one of those extreme cases of uncontrolled and turbulent ebullitions of the will, which effaces every gleam of intellectual character of the human species, a constant object of terror to others within his reach, and a prey to the intolerable stings of a tortured conscience.—See *this Case in the Sketches of Bedlam*.

disease puts on this active form the patient would soon fall a victim to it, unless very efficient measures were interposed to arrest its continuance. By degrees some tranquillity supervenes, and the disease is converted into a more desponding and melancholy form, with marks of remorse and penitence for his past conduct, and a sure prophecy of his future destiny in the life to come. The cast of thought, or primary mental impulse, which appeared to usher in the disease, gives a peculiarity of character to each individual.* Where they manifest any extraordinary degree of gloominess, it has been often termed religious madness; occasionally there is some pretext for this alledged source, but frequently christianity has never previously shed its influence on their thoughts, or interrupted their usual mental occupations. Many of these individuals will betray strong marks of shrewdness, when addressed upon indiscriminate topics, so long as we abstain from touching the tender chord which instantly vibrates with their delusive prepossessions. This form of insanity, when slightly accompanied with morbid bodily

* The strong marked military character exemplified in William Holwood, forms a very interesting case, and is well detailed by the author of the Sketches. The derangement of mind is the only trait recorded, and this appears to have existed many years without a gleam of transient alleviation. (page 69.)

function, is commonly very permanent, and the subject of it may eventually be transformed into a passive state of stupor, and but little desire for locomotion.

Dr. Haslam and other intelligent observers have noticed the extreme reluctance which maniacs evince, in the more active form of this malady, in adopting the recumbent position, probably from the instinctive feeling of the readier transmission of the circulating fluids towards the head. The same aversion to the horizontal posture is often manifested in the common delirium of fever; and Dr. Haslam states from experience, that during this position, many insane persons have expressed a decided conviction of the presence of spectres, or terrific objects; at other times they have fancied the whisperings of some strangers, a circumstance of which they were not sensible in the erect posture. It is common to observe many of them engaged several hours together in the same trifling occupation, such as agitating the chains by which they are confined; or, where they persevere in the erect position, they will amuse themselves by vehement stamping, as if to divert their thoughts from the constant intrusion of their malady. Other patients will be found in a sitting attitude, inclining their bodies alternately backwards and forwards.* Some will acknowledge

* In one instance, which occurred to Dr. Rush, the patient

at the commencement of their disease, that they are sensible of peculiar convulsive feelings in the abdomen ; on other occasions, increased action of the vessels of the head will be felt, with some degree of vertigo. The pulse is so various as to offer but little criterion of the disease, sometimes being full and laborious, at other times quite natural. We observe, however, a preternatural secretion of mucus in the mouth and throat, of a viscid consistence ; and Dr. Rush has mentioned, on the authority of Dr. Moore, Physician to the Hospital in Pennsylvania, as a very common symptom, an obstruction to the secretion of mucus in the nose. Where this secretion was not wholly suspended, he found this substance dry and hard.—*Rush's Observations on Insanity, page 146.*

The external signs of bodily indisposition, without confiding in the vague statement of the patient, constitute our only safe guide, for the true state of their sufferings is not to be elicited

sat with his body bent forward for three years without moving, except when compelled by force, or the calls of nature. In another, the sufferer occupied a spot in a ward, or entry, or in the hospital yard, where he appeared more like a statue than a man. Such was the torpor of his nervous system, that a degree of cold, so intense as to produce inflammation and gangrene upon his face and limbs, did not move him from the stand he had taken in the open air.—*Rush's Observations on Diseases of the Mind, page 216.*

by the most adroit cross examination. The mind, in this disease, is often fully as unconscious of any disturbance of the animal machine, as it is in perfect health unconscious of the regular phenomenon of the heart's motion, or of the peristaltic motion of the alimentary canal, and of the ordinary functions of secretion: at other times the lunatic has a strong plea to impress his attendant with a belief of his total exemption from bodily suffering.

Frequently after a violent paroxysm of phrenzy has subsided, and something like reflection ensues, a sense of shame and penitence for the past occurs to the unhappy lunatic, and some individuals betray such a retentive memory that most of the scenes that passed during the violent stage are fresh in their recollection; and where the disease is not finally subdued, this proves a source of indescribable misery. This exemplification of the survival of memory is often the sequel of puerperal mania, and I have observed it in two or three young subjects.

During utero-gestation maniacal paroxysms occasionally prevail where there is no ground to anticipate any sort of disorganization of the brain, but merely from the extreme effects of nervous sympathy. These instances are generally preceded by unusual irritability of temper, and a disposition to something like febrile action of the arterial system, which will be materially relieved by cup-

ping and aperient medicines. Where this affection presents itself in the very early months, in consequence of some sudden mental disquietude or irritation, it often disappears altogether in the subsequent stages of conception.*

The preceding form of insanity, as well as that which follows parturition, always arises from sympathetic causes, or from hereditary predisposition; and in some individuals is encouraged by nervous idiosyncrasy.

The primary symptoms of Puerperal Insanity, comprehend extreme restlessness and want of sleep, a flushed countenance, and a constrictive pain often described as surrounding the head, or at the vertex, together with increased quickness of pulse, and other symptoms denoting febrile irritation. The eyes assume a morbid lustre, and wildly gaze at surrounding objects in rapid succession; the secretion of the milk and the lochia are gradually diminished, and very soon altogether suppressed. The late Dr. Furia remarked, that insanity after parturition, arose frequently from metastasis. When the milk begins to flow, the balance of the circulation is so much disturbed as to become the predisposing cause of cerebral derangement, in

* I have a perfect recollection of a case of phrenitis, accompanied with delirium, in a very irritable subject in the country, attended by a highly respectable physician and myself, that succeeded an abortion, which proved fatal on the third day, notwithstanding very active means of depletion.

the event of the topical application of cold, or any strong mental emotion. Where great want of sleep, or uneasy thoughts agitate a person in this situation, before the determination of blood to the breasts is regularly established, the impetus may readily be directed to the head, and produce either hysteria or mania, according to its degree of force and the nature of the remote cause.

Women are more disposed to maniacal complaints at the cessation of the catamenia, particularly where they indulge in sedentary habits, and are negligent of the state of the bowels; the practitioner should therefore be scrupulously careful not to overlook this, amongst the other remote physical causes of the evil. In some establishments the registers of insane females greatly exceed those of the other sex, which will hardly create surprise, when we reflect on the peculiarities of their animal œconomy. The majority of insane cases occurs between the ages of thirty any forty-five; those from moral causes will sometimes occur at an earlier period. At the above critical ages most persons are generally established in their different occupations, are probably married, and many of them surrounded by families. Their habits are thoroughly formed, and any sudden interruption of their schemes and hopes is followed by a greater proportional anxiety, disturbance, or regret. Under these circumstances, they feel the mortifications incident to our vicissitude of being in a more

exquisite degree. Where the disease makes a uniform progress, with little or no remission of symptoms, the patient sinks under the conflict, or it degenerates into fatuity or idiocy.

There is another feature of insanity that respects the state of the animal functions, which ought not to escape our attention, viz. the two extremes of an inordinate or insatiable appetite for food, and the aversion or disinclination to gratify it. The latter propensity is more commonly observable in the dejected and melancholic, and it is often carried to such an extent, that food is only capable of being administered by force. This was strongly illustrated in the case of Charles Traile, (by the Author of the Sketches) an individual who was affected by a bitter source of remorse for ideal crimes, and a horror of death, though he proved his own executioner, and a perpetual suspicion that every body about him intended to assassinate or poison him. It is incumbent on us to be extremely careful in ascertaining the state of the bowels under these circumstances. Dr. Haslam has remarked, “that a very common precursory symptom of this indifference for food arises from a retention of fœces; and therefore to urge the appetite in this case would only exaggerate the mischief. In other instances this intelligent author has observed, that the individuals will only eat alone and unobserved. Many of them after recovery have alleged, that from a

motive of conscience they refrained from gratifying the appetite, before they had invoked the Deity by prayer and supplication." In some cases the want of appetite appears evidently connected with debility, and admits of relief by bitter tonics; it is then accompanied with great flatulence, and other indications of dyspepsia. Pinel asserts, that in his own practice, those who have most remarkably discovered such a fixed inappetency for solid food, have been more prone to extremes of drinking; a disposition which he very properly observes should be indulged by the physician, who can substitute the most nutritious substances in a fluid state. The same benevolent and enlightened physician, gives us a remarkable instance of deep rooted suspicion, followed by a complete transmutation of character, in a maniac who continued under his care about twelve years. "For the first eight years he was perpetually haunted with the fear of being poisoned. He fancied that his relations wished to disown him, and to deprive him of his property. He was exceedingly reserved in his conversation, but what he expressed upon every subject, excepting that of his hallucination, was perfectly connected and correct. Towards the eighth year of his confinement, his *delirium* suddenly changed its character. He then became a mighty potentate, sovereign of the world, equal to the Creator, and supremely happy."

Those who display the voracious propensity assume frequently the disgusting and uncontrollable actions of the brute creation, by an unnatural exhibition of fury, rather than the bare relief of hunger, not unlike those wild predacious animals, whose ferocious gratifications are enhanced during the act of feeding. As they seldom masticate their food properly, independent of the surcharge, the bowels are rendered frequently inert. No practitioner who bears in mind the important influence which the digestive organs manifest in acute and chronic diseases, can witness these phenomena with indifference, and it may be considered as an additional proof of a perversion of moral feeling and insensibility. As an indication of the latter, Dr. Haslam acknowledges that it is in the power of medicine materially to relieve this source of indisposition.

Another and not the least distressing symptom attendant upon insanity, is the want of controul over the sphincter muscles of the mouth, bladder, and rectum. The two latter defects are more peculiar to the early and acute stage of the disorder; but in long protracted cases, and in debilitated subjects, it is strengthened by habit, and a total state of unconsciousness of the natural stimulus for evacuation. Where it is accompanied with paralysis or hemiplegia, it can scarcely be expected to admit of permanent relief, but it is

liable to be encouraged by the injudicious and too long perseverance in the straight-waistcoat. Still, however, the remains of the natural feeling of delicacy are found, in many instances, to moderate the frequency of its occurrence.

It is a singular fact in the history of insanity, that a sudden paroxysm of it will frequently arrest the progress of certain chronic diseases, such as dropsy, gout, and obstinate cases of dyspepsia; and Dr. Powell has cited a very extraordinary instance of the body not being susceptible in the usual way of the contagion of hydrophobia, for when the symptoms of insanity predominated this patient could drink cold water, and became desirous of the admission of air, expressing little or no inconvenience from a current of it, which afforded a singular deviation from the usual phenomena. Her raving became incessant, with much invective and the coarsest language. The straight-waistcoat, shortly after its application, was the leading source of distress, and she employed both rage and earnest persuasion, with all the usual character of insanity, to obtain her liberation from it.*

Dr. Spurzheim is very unwilling to regard insanity as the disease, in any other light than as the morbid appearance of the same causes which

* See the case of Anne Chandler, related by Dr. Powell, in the 115th number of the Medical and Physical Journal.

may also affect other parts, and derange their functions; his opinion is, that insanity is subject to the periods of the real diseases. If by this inference he intended to shew that diseases do not occupy those parts, to which the patient refers his morbid sensations, the observation would frequently be justified. But in many cases of insanity, the peculiarity of mental expression and corresponding gestures, constitute almost the only ostensible features of the case; and the favourable termination of these symptoms by simple moral regimen, and the *vis medicatrix naturæ*, is fully adequate to explain the cure. The want of strict analogy between mental and corporeal derangement, will render every hypothesis equally futile and nugatory.

In the foregoing attempt to give a description of the usual mental and physical phenomena connected with insanity, I have not contrasted the two states of the disease under the forms of mania and melancholia, from a belief that such distinction is not calculated to lead to any practical advantage; and the manifestations and interchanges of each are innumerable. Where the afflicted individual betrays evident marks of a sanguine temperament, or general indications of plethora occur, the appropriate discipline will be enforced under the head of medical treatment. But as instances of violent raving, and the greatest

perturbation occasionally present themselves in the melancholic subject, unaccompanied with any increased manifestation of vital energy, as far as the state of the circulation is concerned, less active medical means will be required. Dr. Spurzheim very properly asks "what line we shall pursue, if the detailed symptoms of *ithenia* and *asthenia*, the favourite distinctive terms adopted by Mr. Hill, are mutually interchanged? Shall we adopt to-day an asthenic plan of cure, to-morrow that of *ithenia*, and the following day stimulate again? With this view we should sometimes be obliged to change our curative proceeding in the same day. In general, any division founded solely on the deranged manifestations of the mind is of no medical use, it disguises truth, and perplexes all just distinction."*

The remaining topic, which strongly solicits our attention, and it is one which I despair of doing justice to, is the unfortunate propensity on the part of the insane to the commission of suicide. Casuistical writers insist, that the attractions in favour of the prolongation of our natural term of existence, independent of the force of civil, religious, and moral obligation, are so strongly implanted in our nature, and strengthened by education, as never to admit of the perpetration

* See Dr. Spurzheim's Treatise on Insanity, page 95.

of this act under the arbitration of reason, so that in this country a verdict of lunacy is almost unanimously awarded. If this was strictly admissible in all cases, of course the odium and the civil and moral quality of the transaction would resolve itself into the complete absolution of the offence, as being resorted to by an individual declared out of the pale of social life, or moral responsibility. I have frequently been led to question the equity of such a decision, and have been prompted to think that the truth is liable to be sacrificed to humanity; and that many individuals, availing themselves of this construction on the part of juries, have been less scrupulous in having recourse to this barbarous and heinous offence. The cases of confirmed insanity, where this melancholy passion is discovered, must constitute an exception to this argument. But instances are not wanting, where individuals have previously betrayed no other characteristic of derangement, than temporary hypochondriasis or melancholy, and have still premeditated suicide with the utmost decision and coolness, the act itself seeming to have resulted from the most deliberate survey of the source of the despondency, and a total disregard to the consequences entailed on their families. As it is perfectly true that "*Ira furor brevis est*," we sometimes find that the intelligence of any sudden calamity, or reverse of

fortune, will lead to the instantaneous perpetration of this offence, without any appeal to the slightest deliberation, but these examples are comparatively rare. It is, however, a source of reasonable triumph, that changes have been made in our Penal Code, more consistent with humanity, and punishments have been devised more congenial with the nature of the offence. As far as respects the civil investigation of the various forms and circumstances of suicide, the ignominious sentence of the refusal of Christian interment, is in many cases softened, and the ceremony follows as usual; but that part which relates to the confiscation of property is still recorded in our statutes, though in many cases it may be regarded as a dead letter. Where the subject is withdrawn from every earthly tribunal, and by an act committed in general without the due restraint of reason, I trust I shall not be charged with advocating suicide, by expressing an opinion that he ceases to be an object of human jurisdiction.* No one who could appreciate the turpitude of a *deliberate* act of this

* Dr. Beck, in treating of Mental Alienation, has passed over the subject of *suicide* altogether, and observes "that whether this is or is not a proof of insanity, is a question which fortunately never comes before our coroner's juries in America. We do not war on the dead body in this country."—See his *Medical Jurisprudence*, edited by Dunlop, second edition, page 262.

kind, in a christian point of view, would choose to offer himself as an apologist for this relic of heathen philosophy, hardly deserving the title of stoical, since the commission of it proves that the individual is not superior to a sense of pain, connected with the evils of life, but rather submit the decision of the offence to the merciful judgment of an all-wise Being! The silent ignominy, which cannot fail to impress some degree of gloom on the minds of surviving friends, is a sufficient alloy to the tranquillity of their future life.

Like other forms of insanity, the inclination to self-destruction is sometimes hereditary, or will occur in branches of the same family. The author was intimate with two brothers, of very unequal talents and dissimilar habits, who both terminated their existence in this way; and a daughter of one of them is still living, under the influence of partial insanity.

Montesquieu has appealed to history, to shew us “that the Romans never killed themselves without a cause, whilst the English destroy themselves most unaccountably, even in the very bosom of happiness!” And after palliating the offence, as necessarily connected with the physical state of the machine, he observes, “that the civil laws of some countries may have reasons for branding suicide with infamy, but in England it cannot be punished, without punishing the effects of mad-

ness.”* According to the point of view in which we are here contemplating suicide, it is frequently resorted to during the convalescent stages of insanity, where the unhappy victim feels the *tædium vitæ* in a considerable degree, and is utterly incapable of anticipating the bright side of the picture; it is therefore effected under the feeble glimmerings of conscience, although he may not evince any of that enchanting feeling so well delineated by Spenser.

“ Sleep after toyle, port after stormy seas,
Ease after warre, death after life doth greatly please.”

There is no vacillation of mind in these instances, but in several individuals whom it has fallen to my lot to know, a sort of firmness indicating decision of character, either honest or false pride humbled by public or private contempt, ambitious views suddenly and unexpectedly blasted, and added to these corporal pains: these are the real and undisguised motives. The ideal ones are not less numerous, for when once an idea, by its being often presented to the mind, has gained such an ascendancy as to command belief, it is of no con-

* Pinel displays great candour on this topic, he reprobates the opinion of its being peculiar to *England*, and states that it is *far* from being a rare occurrence in France. Examples indeed are so common in that kingdom, that they scarcely commit the history of them to any of their public journals.

sequence, as to its effects, whether it originated in a real or imaginary cause.* It is true that grief, however poignant, may occasionally subside; and melancholy, in certain constitutions void of sensibility, may never display any further mischief than dejection of mind, and gradual decay of the bodily functions, which the patient will sustain for many years, if left to himself, and ultimately die from exhaustion. "Frequently when a melancholic person is exposed to strong impressions on the external senses, he will experience as much uneasiness, or mental irritation, more insupportable than grief itself, so as to paralyse every effort at self-destruction, as the mind is predisposed to exclude all thoughts, except those which upon the principle of association, are connected with the source of his malady: on this ground he is prompted to shun society, and every other resource beyond the indulgence of his own reflections."

There are too very common ideal sources of despair, the one is religious despondency, or a belief that the individual is forsaken by the Almighty, or is an object of his anger, and cannot be forgiven. The other is a prevailing idea that a

* For several of the subsequent remarks, I am indebted to the work of Dr. Crichton on Mental Derangement, who has given us a very judicious statement of the influence of the passions in the different states of insanity.

person is so much bereft of common understanding as to be totally unfit for the discharge of the various duties of life, or that he must come to utter want.* The first is not unfrequently excited by the injudicious, or rather criminal misrepresentation of the Divine attributes, of the counsels or intentions of the Supreme Being towards individuals, which some methodistical orators paint in such language, as cannot fail to strike terror into weak minds, to the great injury of society, and the ruin of private tranquillity.

The great source of contemplation in the melancholy man, and the only one upon which he is inclined to expatiate, is the complete picture of the wretchedness of life; and the grand objects of comparison are the certain misery of existence on the one hand, and the relief he can obtain by withdrawing himself from it, on the other. Tired out, hopeless, dismayed by the threatening aspect of many a bursting cloud, and too much overwhelmed with the misery of his own case to reflect with the slightest composure on the sudden vicissitudes which daily occur in human life, which

* Dr. Paley has remarked, "that no one is *useless* for the purpose of such a plea, but he who has lost every capacity and opportunity of being useful, together with the *possibility* of recovering any degree of either, which is a state of such complete destitution and despair, as cannot, I believe, be predicated of any man living."

he studiously overlooks, but on which every man may safely form some hope, even in the most distressed situation ! Where such a state of mind is accompanied with disordered functions of the body, and the bloom of health is supplanted by a pale and squalid countenance, together with every decisive presage of settled despondency, and a deep and fixed abstraction of the mind from every external allurements of sense ; provided the art of medicine and the counsels of a friend are unavailable, such an awful close of life as that of suicide, may not only be palliated by the most austere critic and moralist, but excite our commiseration, and will sanction the verdict of lunacy. When persons thus situated are incapable of expressing the true state of their feelings, they may still be ready to exclaim with Job, “ Wherefore is light given to him that is in misery, and life to them that are heavy in heart, who long for death, and if it come not, search for it more than treasures, and rejoice when they can find the grave ? ”

On the contrary, in more doubtful instances of this violation of our nature, it may fairly challenge inquiry, how far the usual judgment passed in these alarming and too frequent examples, is either strictly just or political, however much we may be induced to respect the tender and poignant feelings of surviving friends, some of whom are

perhaps more shocked by the turpitude of the transaction, than by feelings of its avowed incongruity with the principles of Christianity.*

The civil visitation of this offence by confiscation of property, appears to be no less weak than cruel in many instances; and where the verdict of "felo de se" is followed up by the interdiction of the funeral rites of the established Church, the shock communicated to the surviving friends has been very forcibly and beautifully stated by one of our illustrious Senators, in a late appeal to Parliament. This eloquent pleader observed, "that the barbarity of the law (so far as it gravely contemplated the confiscation of the property of the deceased, and the refusal of Christian burial) rendered it impotent, for juries would not consent that the remains of the dead should be thus outraged, if they could find any colour for a verdict of insanity."†

Since these observations were indicted, I am happy to find, on referring to Dr. Smith's work

* I am contented to refer the reader to Dr. Paley's Moral and Political Philosophy, for the most cogent arguments against suicide, derived from reason and revelation. The most valuable author however, although too voluminous, is Dr. Moore, who in the compass of two formidable quarto volumes has fairly exhausted this theme, gaming, and duelling.

† Sir James Mackintosh's Speech on the projected revision of our Penal Code.

on Forensic Medicine, that he concurs with me in questioning the equity of the usual verdict, so unanimously awarded in these cases.* He proposes that the body of every person who commits suicide, unless in a clear and unequivocal case of lunacy, should be surrendered to the state for dissection. As he disclaims every idea of tenderness for the deceased, who terminate their existence under these circumstances, I suppose he is willing to admit that some solicitude for the public good, ought to be as much an object of regard, as the same feeling for surviving friends. When, indeed, they are put in competition, it is easy to foresee how we should be justified in determining. If the person who resorts to suicide in a temporary fit of spleen, should prove his utter disregard to the feelings of his friends, and his obligations to society, we may be less scrupulous in disposing of his remains to the ends of public instruction, with a view of deterring others. The difficulty of coming to a just and impartial determination, as to the previous state of mind of the deceased, seems to be inseparably connected with the class of men who, as the law now stands, are deputed to deliver judgments in these cases. If temporary phrenzy is so indiscriminately pleaded, in mitiga-

* On some occasions a simple verdict of *despondency* has been recorded.

tion of this offence, Dr. Smith very properly asks why we should hesitate to pronounce a similar verdict, where an unhappy female, in the utmost bodily and mental agony, destroys her own offspring? The ties of affection, in a moral point of view, may be considered even stronger in the latter than under the common circumstances of suicide?

The ideas which drive a person to despair are as various as the sources of human affliction; and where no other train of thoughts can enter a man's mind than the wretchedness of his life, and the relief which he is likely to obtain by death, and that such feelings are aggravated by fresh misfortunes, and sometimes by bodily indisposition, it cannot be expected that the judgment will be the same as in one who is influenced, and receives a check from strong religious and moral principles. Amongst other strong prevailing incentives to the commission of this offence, against the laws of God and man, may be reckoned the dread of poverty, real or imaginary, and the hopes in which we often injudiciously place too much of our happiness, entirely blasted.

There is no settled criterion whereby we can infallibly anticipate the perpetration of this unnatural crime; for the furious maniac, as well as the melancholy sufferer will occasionally resort to it, and others in the delirium of acute fever will do the same. It appears more connected

with the sudden and irresistible impulse of strong feelings in the maniac and the subject of delirium.

Another modification of this crime is recognized by the unforeseen propensity to murder, which Dr. Crichton has explained in the following passages of his work on *Mental Derangement*. "A person may be determined to this act by a variety of thoughts. A melancholy person may falsely imagine that his relations and friends are combined to ruin or kill him; his fears and anger point them out as objects of revenge; if it proceed from poverty, he may consider the destruction of his wife and family as a means of liberating them from pain. A person driven to despair by disappointment or persecution, is stimulated to murder from a kind of passion approaching to revenge, as in the case of many disappointed lovers."* Although there are few occasions that would justify such acts, yet what a compound of heroism and madness do we find recorded by Josephus, on the part of those Jews who were instigated by the eloquence of Eleazer their Governor, to sacrifice themselves, and their wives and children, at the siege of Jerusalem by Titus, rather than suffer themselves to fall into the hands of the Romans!

* The ostensible motive pleaded by Bellingham, for the assassination of the late Mr. Percival, borders on this as a crime.

“That a man, whose health of body and energy of mind are greatly weakened and disturbed, and who has no other preponderating idea beyond, or equal to that of his own miserable situation, should lose all self-command, and freely put an end to his own existence; or that another who yields to the idea that he is entirely cut off from every hope of relief, should do the same thing, is sufficiently intelligible. But it is a matter of curious enquiry, to attempt to develop those acts of judgment which prompt such miserable men, whose only object is to escape from life, to transfer the act of cruelty from their own persons to that of others. The generality of people are satisfied, in a very easy way, concerning this singular phenomenon, by asserting that such men are mad, and that no necessity exists for any further inquiry into the reason of their actions. To which I answer, that as no madman ever commits a voluntary act without a motive, the question is, what motive is it which prompts such a person to destroy an innocent being, and perhaps the one he is the most fond of, while the principal desire in his mind, and which in a great degree occasions his erroneous judgment, is the wish of putting a period to his own existence. The fact is too notorious to be denied, that the first phenomenon by which despair, arising from a desire of ease

from pain through the medium of death, exhibits itself, is often the murder of another. In some cases, this unfortunate propensity springs from an erroneous judgment, in regard to the nature of crimes. A person bent on death, thinks it less criminal to destroy another than to commit suicide. The idea in his mind probably is, that he is forcibly put to death in one case, whereas in the other he counteracts the laws of nature; and in general this notion is combined with very false religious opinions." Several cases in confirmation of this opinion, are detailed by Dr. Spurzheim, which are too revolting to human nature to insert. It is inconceivable, says this author, "that a wife who loves her husband, and vice versâ, and that parents who love their children, will assassinate them, as long as their minds are not at all deranged."

An important source of derangement remains to be noticed, but it has been more surmised than verified, and for the credit of human nature it is to be presumed that such cases are extremely rare, viz. a morbid affection of the will and active powers, with little manifestation of disorder of the intellectual functions. This modification of the disease rests more particularly on the authority of Monsieur Pinel, who has termed it mania without delirium, or madness without lœsion of the under-

standing.* The victims of this form of insanity, discover violent propensities to exert their rage

* Pinel has recorded a solitary example of this peculiar form of insanity, where the memory, imagination, and judgment were stated to be perfectly sound. The patient confessed, during his confinement, in a clear and dispassionate mood, "that the murderous impulse, however unaccountable it might appear, was in no degree obedient to his will, and that he once had sought to violate the nearest relationship he had in the world, and to bury in blood the sympathies of his soul." It is easy to see that paroxysms of this nature admit not of the application of moral remedies; and the query is, whether such a subject would not be amenable to the ignominious sentence of a common criminal. The confessions of the murderer of the late Mr. and Mrs. Bonnar, betrayed something of this diabolical instigation, and there was no hesitation on the part of the jury as to the actual crime of murder.

The late Lord Mansfield observed, "that there was a species of insanity in which the patient fancied the existence of injury, and sought an opportunity of gratifying revenge by some hostile act. If such a person were capable, in other respects, of distinguishing right from wrong, there was no excuse for any act of atrocity which he might commit under this description of derangement." But this subject is enveloped in insuperable difficulties. What a similitude between the maniac and the habitually passionate! between the melancholic and him who is habitually brooding over his malignant and revengeful conceptions!

Dr. Spurzheim has also produced a case indicative of this singular perversion of nature, and attempts to prove from thence that insanity may exist *without derangement* of the intellectual functions.—*See his Treatise on Insanity, page 70.*

indiscriminately upon every person exposed to them. We might instance the most atrocious examples of this ferocity in Walsh and English, whose extraordinary brutality has already been alluded to, but these individuals are otherwise deranged. The probability of any human being delighting in scenes of blood, except in such characters as Nero and Domitian, for mere sensual gratification without the slightest injury or offence received, seems too much at variance with the lowest scale of humanity, admitting the individual to be in the possession of his usual natural faculties.

As, in deciding upon actual murder, it is the *quo animo* alone which establishes the crime, although where two individuals, actuated by the worst of passions, are equally exposed to danger, and are prepared to encounter the chance of death with all its horrors, with the most deliberate premeditation, the laws of this country have pronounced it homicide; the unhappy lunatic is generally sentenced to undergo a seclusion for life, amongst those who claim absolution from all crime, by the privation of reason. To these vicious or unmanageable outcasts, who, while they incur our dread and abhorrence, at the same time deserve a portion of our commiseration, the same domestic comforts, and medical treatment are extended which other descriptions of maniacs

receive.* But there are cases where we may be allowed to challenge the justice or policy of prolonging the sentence of incarceration, beyond the avowed limits of the existence of the derangement. The penalty of unlimited confinement, attached to those who are termed *criminal lunatics*, has been pertinaciously attached to state criminals, as in the cases of James Hatfield and Margaret Nicholson, both of whom are said to have survived the malady which led to the offence. The latter of these individuals would scarcely hail the idea of liberation : her advanced age and long accommodation to the comforts afforded her, would scarcely justify a change ; and the former enjoys such privileges, as may in some degree compensate for the loss of natural liberty. Still the records of Bethlem will furnish cases where the same rigorous sentence might probably admit of palliation, as a matter of equity, independent of the plea of humanity. Can the individual who is sentenced to banishment from his country for a limited term of years, be more deserving of emancipation after the completion of this term, or claim an equal title to forgiveness, than the more unfortunate being who is immured in the confines

* This is obvious from an inspection of the regulations of Bethlem Hospital, prefixed to the *Sketches* of that establishment.

of a lunatic prison, for the bare attempt to commit violence, or to deprive another of life, in a state of derangement? Can the bare contemplation of the *possibility* of a recurrence of the danger, on the apparent return of insanity, be a sufficient vindication of this deviation from justice? But I will forbear offering any further remark, lest I should be censured for writing a satire on those whose conscientious and philanthropic exertions have on other occasions richly merited our approbation.

Imperfect as the preceding Sketch of the mental and physical phenomena of insanity confessedly must appear, yet, after the most careful detail of this malady, it is scarcely possible for language to depict all the secret springs and workings of the passions, the varied indications of cunning and design, together with the infinite diversity of tone and manner. No description can supply that knowledge, which is only to be acquired by habitual intercourse and reiterated examination of the true state of each individual's mind, and corporeal disturbance.

CHAPTER II.

OF THE REPUTED CAUSES OF INSANITY.

“Causa latet, res est notissima.”

WE may briefly comprise what belongs to this part of our subject, under the general division of physical and mental causes;* and in compliance with the rules of pathology, these may be resolved into the remote, predisponent, or exciting causes, and the proximate cause.

With reference to the subject of insanity, although the external impressions ought to claim peculiar attention, still the internal predispositions are often of more consequence to investigate than the external agents; but both united, they constitute a very intricate inquiry.

* This division has been censured by Dr. Beck, as not being conducive to just views of the disease. “Insanity, according to him, is essentially a *bodily* disease; and the moral causes operate in producing it, as they do in producing other diseases.”—See his *Work on Medical Jurisprudence*.

The knowledge of the occasional causes of a disease is extremely difficult, and in many cases by no means yet ascertained, the difficulty originating from various sources. First, the uncertainty of the action of every thing upon the human body, both as the cause of disease, and the remedy. In many cases of infectious diseases, it is well known that the occasional causes of the disease do not act immediately, but the person appears in perfect health for some time before the disease ensues, as in the Small Pox; here the difficulty increases in an immense degree. It is well ascertained that the plague and yellow fever never make their appearance but under a certain range of temperature, from 75° to 90° ; this is clearly proved from civil history, as well as the records of physic,* but it is extremely unaccountable, and can only be viewed as a particular fact. Moreover there are instances where the disease once produced, goes on without any assignable cause at all, as the motion of a mass of matter being once generated, the mass would continue to move on as if in free space. The late Dr. Fordyce

* See a paper by Sir Gilbert Blane, in the 3rd volume of the Medico-Chirurgical Transactions.

The peculiarity of those individuals, who are found insusceptible of receiving the contagion of small pox, and of others who have passed through the same disease more than once, are equally inexplicable.

used to illustrate the phenomena of continued fever by this analogical argument; and the same is applicable to a variety of cases of insanity, as far as we can judge, so that the old aphorism of “*sublatâ causâ, tollitur effectus*,” is not universally applicable in medicine.*

Whenever any variation takes place in organized or in inorganic matter, the constitution of our mind makes us infer the agency of a cause; this is an appeal which we are accustomed to make from *experience*, for it does not appear, *a priori*, that an effect should have a cause. We conclude then, that every deviation from health resolves itself into some cause, disturbing either the mind or body. The one may exist in the mind, without manifestation of injury to the body. Grief acting primarily on the mind may derange the one, or by its intensity ultimately communicate the shock to the other; so that a cause of derangement may act primarily on the mind, or it may give rise to some other alteration of the animal œconomy, which may prove to be the final cause.

As several writers of high authority have shewn themselves sceptical, with regard to the operation of *moral* causes, in the production of insanity, in the

* Pinel remarks “that the character of maniacal paroxysms is not founded on the exciting causes, but upon the particular constitution of the individual.”

course of the ensuing pages I would wish to insinuate, that moral causes are principally to be ranked amongst the *remote* causes of mental affections, the impulse of the mind being determined to some remote organ, or to the cerebrum itself, and the corporeal disturbance re-acting on the functions of the sensorium. In this sense few can be misled, and the evidence of facts is sufficient to establish the truth of this position.

As there has been frequent quibbling with the title of proximate cause, indeed the term is nearly exploded, it may suffice to observe, that the alteration produced is the disease, and is the proximate cause of the symptoms or external appearances by which we judge of it.

It is to be observed, that the same cause which ought to be adduced to favour the occurrence of insanity, is often relative to the very different excitability of different individuals, more quickness of circulation being found capable of exciting greater activity in the cerebrum of one, in another pain, or again the transition from delirium to confirmed insanity. The physical or dynamic causes being more palpable or congenial with common observation and experience, should claim our first consideration. There is a source of difficulty in developing the remote causes of insanity, which must always be felt and acknowledged, that relates to a sort of mental idiosyncrasy, which is analogous

to the same phenomena in other organs, as the stomach or external organs of sense. The explanation of this has been attempted by Dr. Mayo, who is disposed to consider "that the brain, as a solid, in manical cases, may equally participate with an increased influx of blood in producing the disease; or in other words, that the organization of a maniacal brain,* is different from that of an individual possessed of sound mind." This theory as attached to the primitive powers, is pregnant with the same inconsistency, as the hypothetical connection in different varieties of insanity between the evolution of parts of the brain, denoting certain propensities, so far as such cases ought to be deemed incurable. Experience will justify the remark, that certain eyes are more prone to inflammation than others, as in scrophula; or a certain configuration of the chest may predispose to diseases of the thoracic viscera. Again, there is little ambiguity in determining the apoplectic

* Dr. Spurzheim affirms, that the cerebral organization is often alike in several of the members of a family, and insists that in all these cases, it is easy to prove a relation between the condition of the brain and the affective and intellectual manifestations!—*Anatomy of the Brain*, &c. page 205.

In a recent Lecture of Mr. Abernethy's on the Nervous System, he is candid enough to remark, "that he cannot see or believe how these faculties are the result of the mere replications, or convolutions of the brain."

conformation of the neck, and still less when a plethoric habit and sensual indulgencies co-operate.

Dr. Knight observes, “ that individuals of some families discover a much greater susceptibility of mental derangement than others, and that it is equally true that some families have visible peculiarities of structure, that descend from generation to generation.” It is well known that certain individuals, in some families, are peculiarly disposed to hysteria, hypochondriasis, and to every modification of nervous affection ; though in what this susceptibility consists, most practitioners must acknowledge themselves ignorant.

Although greater determination of blood to the sensorium would appear the most powerful agent in exciting, or prolonging the existence of insanity, still this cause is inadequate to account for the uniform production of it; identity of cause will not produce identity of effect, as Dr. F. Willis has justly remarked, when treating of the exciting causes of the high state of this malady.

Dr. Knight observes, “ that as the *remote* causes will vary, so must the *proximate*. He believes the *nerves* to be the chief immediate cause, by their *diseased action* (which, however, is altogether assumed) and constitutional defects producing organic lesion of the brain itself, more particularly the nerves distributed to the carotid arteries. He regards

the determination of blood to the head, as the *effect* only of local nervous irritation.”—*Dr. Knight's Observations on Insanity*, page 40.

The following observations are, doubtless, the result of strict practical information. “The medical evidence, as far as regards the remote sympathetic causes of insanity, is very precarious, and calls for the nicest discrimination on the part of the physician. The lunatic, though labouring under an attack of Pneumonia, will make a full inspiration, and tell you he feels no pain. With every indication of determination of blood to the head, and intense head-ach, he will tell you he was never better in his life! But the skilful practitioner will generally be able, after two or three careful examinations, to detect the seat of considerable bodily disturbance, and by the help of manual aid discover the local cause of pain. No symptom should escape the severest scrutiny, and by a cautious induction it is probable that the true cause of all this frightful disturbance may be ascertained.”

Amongst the most prominent remote causes may be enumerated habitual acts of intemperance, blows inflicted on the head, although delirium is a more common result; or a long continued and injudicious course of mercury, in an irritable constitution. The hereditary predisposition may operate as a remote cause, but demanding the

agency of other stimuli.* A long continued suppression of the catamenia occurring at an early period of life, will sometimes constitute a predisposing cause, allowing that insanity does not immediately supervene or manifest itself for some months.

Insanity is periodical, and is found to be subject to remissions and exacerbations, similar to diseases in organic parts, a fact which might be anticipated from the connection which subsists, more or less intimately between the mind and the body. Moreover insanity alternates with corporeal diseases. The morbid cause (to use the language of the humoral pathologists) may alternate with disease of the lungs, stomach, or kidneys, repelled cutaneous eruptions, either local or in the shape of universal diseases, the metastasis of gout or rheumatism, paralysis, or epilepsy. Amongst other remote causes we might instance the conversion of typhus, in either the high or low state, into mania. A state of congestion, or tardy transmission by the venal system, is a frequent concomitant of the melancholic temperament, or the more chronic state of the disease, but there must be a concurrence of other causes affecting

* It is impossible to pay too minute attention to this predisposition, as a practical point both in nervous and spasmodic diseases, as well as insanity, with a view of anticipating its effects.

the mind and body. Dwelling on a favourite subject, and applying the whole force of the understanding to that source, particularly where strong feelings are excited, must co-operate powerfully in fixing the malady.

Although the remote or exciting causes of insanity are generally referred to the state of the brain, yet the late Dr. Battie observed, that notwithstanding the brain would appear to be the seat of delusive sensations, it is not the only one, if we suffer ourselves to contemplate the morbid changes of the liver, and the deranged functions of the other abdominal viscera, from the consent of nervous influence. That peculiar state of nervous sympathy in the hypochondriac, might be thought to result from morbid function of the brain, as a primary affection, had we not ample experience of the true seat of the exciting cause, viz. the digestive organs, and their reciprocal influence on the sensorium.*

* Dr. Spurzheim is so strenuous an advocate for the uniformly *corporeal* origin of this malady, that he is willing to draw a parallel between the cases of disturbed sleep and dreams, in various instances, resulting from corporal impressions and the phenomena of insanity! His inference is, "why should we, in mania, admit another cause for the same symptoms?" "In the derangements of hunger and thirst, hearing, seeing, smell and taste, the seat of the proximate cause is in the respective organ in which these powers are manifested, it ought to be the same with the internal opera-

Mons. Pinel has remarked, "that experience has warranted him in affirming, that there is no necessary connection between the specific character of insanity and the nature of its exciting cause. Indeed, the violence of maniacal paroxysms appears frequently totally independent of the nature of the exciting cause, or to depend at least much more upon the constitution of the individual."

Dr. Spurzheim ingeniously observes, "that the regulation of the functions of the brain, (on the supposition of its being the organ of the mind) is as necessary as that of aliments to the stomach. Total inactivity weakens its functions, proper exercise strengthens them, too strong application brings disorder," so that inasmuch as the proper use will strengthen, and in some measure exclude the impression of occasional adventitious causes, the abuse will disturb the function.

tions of the mind. But where is the analogy between dyspepsia, as seated in the stomach as an organic part, and the incongruous or diversified operations of the mind, which is not an object of sense? The same author hazards a conjecture, that if the mind were diseased it ought to be cured by reasoning!" In palsy he observes, that the cause is not to be looked for in the mind, but in the instruments by which the *will* is propagated. But where is the source of volition but in the sensorium, which we know by dividing a nerve, and the will no longer exercises its function on the parts below the wound, and voluntary motion ceases!

Dr. Hallaran hypothetically refers the two grand remote causes of insanity to excessive intemperance, giving rise to an enervated constitution ; and to a mind overheated or agitated by political and popular dissensions, without taking into consideration any of the more obvious sources of physical or corporeal derangement. At the time, however, that he communicated his thoughts to the public, Ireland was a prey to rebellion, and the inhabitants of that island have always been famed for habits of intemperance. Where insanity fails to exemplify those nice gradations of intellectual character and romantic feeling, which attach more to persons of superior education or primitive strength of mind, or which spring from some fanciful dreams of disappointment, in finding the world worse than it first appeared to their sanguine expectations ; we are doomed to witness the different degrees of vindictive fury, malevolence, irascibility, and low cunning, which characterize the most obnoxious and degraded class of deranged subjects. Perhaps it is impossible to explain how pride should be a more predominant feeling, with a disposition to arrogance and tyranny, than humility or self-debasement.

The proximate cause partakes strictly of the nature of a physical cause, and must be regarded as so necessarily connected with the disease, that, as Gaubius has well defined it, “*ut illâ positâ, hic*

ponatur, durante duret, mutatâ mutetur, ablatâ tollatur." Dr. Haslam, though professing his ignorance of the proximate cause of insanity, contends, that from the resemblance which obtains in cases of those who have been cut off in phrenitis, or in the delirium of fever, we ought from analogy to infer that the same exciting causes are instrumental in constituting insanity, and to deduce the derangement of the intellectual functions, as the consequence of such inflammation. He then says, that *if* in mania the same phenomena are detected, there will be no necessity of calling in the aid of other causes, which is adopting the Newtonian law of philosophizing. The *if* in this position is the only questionable or cardinal point, the cases not being strictly parallel.

The editor of a highly popular journal, an enthusiastic disciple of Dr. Spurzheim, has taken the same station in this point with the foregoing author. He observes, "since it cannot be admitted that the proximate cause of any disorder, phlegmon for instance, differs from that of phlegmon in another, however the exciting or remote cause may vary; so neither can *insanity* have more than *one* proximate cause, though like other diseases, it may assume various degrees, types and modes, the most of which phrenology will explain. Yet the author of this doctrine is willing to admit, that he cannot see how every species of insanity is

to be treated on phrenological principles, though that science is certainly capable of throwing a *world of light* on the varieties of the disease, called mental." In some cases the indication is obvious enough, as in that related by Celsus, (*Lib. 3, cap. 18*) of a rich man in fear of starving, who was cured by frequent accounts of estates bequeathed to him. As to the supposed *identity* of the *proximate* cause of the same disease, will any one contend that the proximate cause of apoplexy is uniformly the same? Dr. Knight, the intelligent author of *Observations on the Causes, &c. of Derangement of the Mind*, is persuaded, "that as there are many remote causes, so there is more than *one* proximate cause."

The evidence afforded by Dr. Haslam's partial selection of incongruous cases, in many of which the patients were destroyed by very dissimilar maladies supervening, more strongly point out the morbid appearances as the effect rather than the cause. Dr. Knight has observed, "that with regard to the proximate cause, there seems no probability of elucidating this, except by a series of anatomical investigations of the *bodies* as well as *heads* of persons, whose families have been known to have been frequently afflicted with this malady.

The universality of increased momentum, as the sole cause of deranged functions and dis-

organization of parts, has pervaded most systems of nosology, and was too much enforced by the late Dr. Parry. Dr. Knight, whose experience and observation on this point would command a greater degree of deference, states "that practice does not give sufficient support to increased determination of blood as the proximate cause, but merely as the effect only of the local nervous irritation. Medical theories may be equally erroneous by extremes of simplicity or refinement. Whatever importance we may attach to the occasional existence of deranged structure, which cannot apply in a great proportion of insane cases, "and necessary as it is certainly for a physician to examine the dead body, and to make himself acquainted with the anatomy of the human frame, how much more requisite is it for him to acquire a thorough knowledge of the *living* body and of its disordered functions, an attention to which can alone tend to any practical good."* Lieutaud, though an excellent anatomist and classical writer, and the author of a valuable collection of morbid dissections, still observed, that the whole of the proximate causes of disease were "atro caligine mersas." Dr. Baillie observed, that it is much to be regretted that the knowledge of morbid structure does not lead with certainty

* See Dr. Willis's Treatise on Insanity, page 85.

to the knowledge of morbid actions, although the one is the effect of the other.*

As there are many instances of mortal diseases which do not at all affect our present intellectual powers, this not only affords a presumption that these diseases will not destroy these powers, but that derangement of the intellectual faculties may exist, independent of corporeal agency, when we consider the abstraction of mind that occurs in insanity, and the indistinct and feeble manifestations of organic derangement, in long standing constitutional insanity, as we might term it. The learned author of the *Analogy of Religion*, has remarked, “that although from our present constitution and condition of being, our external organs of sense are necessarily instrumental for conveying in ideas to our reflecting powers, as carriages and levers, and scaffolds are in architecture; yet when these ideas are brought in, we are capable, by dint of association, of reflecting in the most intense degree, and of enjoying the greatest pleasures, or feeling the greatest pain, by means of that reflection, without any assistance from our senses, and without any at all which we know of or can prove from that body which will be dissolved by death; so that it does not appear that

* See the Preface to his last edition of *Morbid Anatomy*, page 4.

the relation of this gross body to the reflecting being is in any degree necessary to thinking, to our intellectual enjoyments, or sufferings.”—*Bishop Butler’s Analogy of Religion, Chap. 1. Part. I.* The above argument, though intended to elucidate the immateriality of the *soul*, must equally hold good as applied to the *mind*, the essence of which, to our finite intelligence, is the same.

Mons. Pinel states, “that before he practised medicine at the hospitals, he fancied that considerable light might be thrown upon insanity, by examining the morbid state of the brain and its membranes; but he was since convinced, that inferences from dissections are well founded only when the maniac has died during a paroxysm of his complaint, a circumstance which rarely occurs.”

The different passions may be ranked amongst the moral or mental causes of this malady, which appear sometimes to act, *ab uno ictû*, without any intermediate effect on the system at large;* and

* Since these observations were indited, I have availed myself of the practical and truly valuable remarks of Dr. P. S. Knight. Although his deductions, under the head of Moral Causes, are at variance with my own, still the unremitting attention and zeal which he has displayed in this department of medicine claim our utmost respect. He observes, that in the practice of nearly 700 lunatic patients,

in other cases they evince a kind of sympathetic determination to the digestive organs, in conjunction with derangement of cerebral function. There is a very pertinent example in proof of this assertion, recorded in the Sketches of Bethlem, in the case of T. Dowle, from the sudden impulse of fear ; “ the symptoms are highly aggravated,

he could not decidedly ascribe the disease in more than *one* solitary instance to a direct *moral* source. Moreover, in only one instance had he been able to ascertain with clearness, that religion was instrumental in giving rise to this malady. Upon a close scrutiny of the history of individuals, termed religiously insane, he has found that the patient, where any peculiar religious notions were conspicuous, had evinced more or less equivocal symptoms of previous derangement, and doubtless from this state of mind has arisen that proneness to change his mode of worship, so frequently noticed in him who is what is termed religiously insane. This fickleness, together probably with an unusual fervour, which if intemperately or erroneously urged, as frequently happens in these cases, may, and doubtless very often does assume the impression given to it, is characterized by a gloomy demeanour, or occasionally blended with a lively or amorous cast, though the latter modification is of rare occurrence. His general inference is, that religion and the passions very rarely *cause* insanity, but on the contrary that excessive zeal for religion, or a violent excitement of some passion, is frequently the inevitable result of the *corporeal* affections, by which affections the mind is constantly influenced in the insane, as well as the sane part of mankind. “ With ideas unsettled, arising from the diseased action of the organs of sensation, by which the direct perceptions are made to convey false images to the

and it threatens to become perfectly incurable. He is vicious in the extreme, and appears quite unconscious of his situation, or of the place where he is, nor does he feel his confinement irksome; his only object seems to be watching for the approach of any one whom he may attack."

As an illustration of the immediate effect of mind; with the passions excited, probably arising from locally increased arterial action, and the intellect thus led astray and bewildered, but as yet conscious of the confusion that is passing within, can it produce surprise if religion should be the harbour to which the terrified and wretched victim flies for refuge and for succour? On the other hand are the amatory feelings excited, straight the patient falls in love, it matters not who the object may be. The other passions obey the same law. The religious zealot and the lover go on, become troublesome, and too eccentric to be tolerated, and then, and not before, they are discovered to be insane, the one through love, the other through religion."—*See Knight's Observations on Insanity, under the head of Moral Causes, pages 33, 38.*

In the second division of Dr. Spurzheim's work upon Insanity, having asserted "that the disorders of the manifestations of the mind are not so often the result of the *intellectual faculties* as of the *feelings*, he still allows that there are cases, where too great or disordered activity of the *intellectual powers* produces insanity." The following passage would appear to controvert the foregoing conclusion. "Instead of ascribing insanity, or the disturbed reflecting powers and feelings, to what is called *moral causes*, the deranged manifestations of these faculties will *always* be considered as morbid affections of the *cerebral organization*."—*Page 115, Lib. citato.*

urgent grief co-operating with fatigue, and occurring in a female at a critical period of life, I might adduce the case of A. C., who had paid unremitting attention to her son in his dying illness; she had previously enjoyed good, though not wholly an uninterrupted state of health. The early symptoms were profound and disconsolate melancholy, in consequence of the loss she had recently sustained, which in a few days was converted into a state of perfect raving insanity. Cupping and general bleeding, with active cathartics, were resorted to at intervals, without making any impression on the mental functions; and in the course of a few weeks she was consigned to Bethlem Hospital, where a similar treatment was pursued, together with recourse to the shower bath, for the usual term of confinement attached to incurable cases. She has manifested the utmost degree of derangement during a period of eight years, without intermission, passing her days and nights in a state of almost incessant muttering and raving, displaying the most insatiable and gluttonous appetite, and increased vehemence of action the whole time expended at her meals. Before the attack of this malady her demeanour was perfectly correct, and she was much respected by her acquaintance. During the early stage of the disease, her allusions were principally confined to the subject of her son's

decease, her irritability was great, and she was addicted to the frequent exclamation of oaths. She has seldom enjoyed a night's tranquil sleep, and has exhibited the most emaciated and distracted appearance for the last three or four years. She scarcely ever now recurs to the memory of her son's sufferings, the predominant idea which absorbed every other thought at the earlier period of her malady, and she is less indulgent in execrations and oaths. With the exception of sleep, she may be said to enjoy all her animal functions, though a spectacle of wretchedness; and notwithstanding at an earlier period of life she laboured under asthmatic attacks, she appears to be exempt from the traces of any corporeal disease, except occasional proofs of hoarseness from her reiterated vociferations.

A most remarkable instance of the effect of fear, accompanied with the instinct of self-preservation, as recorded by Mr. Hill, in his work on insanity, was displayed by a young female, who had been confined some years in a private asylum, in the neighbourhood of the metropolis, who by some accident set fire to her clothes, and became so terrified as from that period to improve in her intellects, and ultimately recover. Dr. Knight has recited a case of insanity in a female, occasioned by a fatal accident occurring to her infant, and allows that the passion of terror will operate as a

more frequent remote cause of this malady than all the other passions united.* Pinel relates the powerful effects of the sudden revolution of empires, as being very instrumental in giving rise to insanity; this he asserts became strikingly manifest in the earlier periods of the French revolution, but it would appear that this cause is inadequate of itself to produce mental derangement, for in Spain, where the greatest possible misery, internal rebellion, and arduous struggles of adversity have occurred to almost an unparalleled extent, insanity is still comparatively a rare disease amongst them.

Amongst the moral causes, as I have already intimated, we may enumerate the long continuance of *inordinate grief*, although this may be disputed when viewed in conjunction with the last recited source of insanity; still the enthusiastic spirit of the Spaniards, together with a sense of oppression from foreign invasion, might be conceived to act as a counterpoise to the usual effects of human cala-

* This author, towards the conclusion of his work, although before disposed to deny in toto the primary agency of moral causes, states the extreme difficulty he found in clearly and accurately ascertaining these causes, and confesses that he has found no less difficulty in clearly discovering the physical causes, viz. the corporeal derangement that had given origin to the mental disorder; nearly an equal obscurity hangs over both. It is well known that sudden terror will obviate the recurrence of a paroxysm of intermittent fever.

mity, as they are said to have occurred in France. We may also add ardent and ungratified desires, religious terror or remorse, disappointed pride, sudden and unlooked for vicissitudes of fortune, or in domestic life; moreover the frequent undisciplined submission to any species of intemperance, or the unbridled indulgence in any sudden passion, or violent affection of the mind.

In reviewing the effects of moral causes, it is not difficult to calculate the natural tendency of various passions or emotions to effect different degrees of mental alienation, from hysteria to epilepsy, and from this to mania, or perfect idiocy.* According to the constitution of the individual they create a more transitory or permanent influence on the whole animal œconomy, or the primitive impression is for a long time scarcely to be traced to any other sympathizing organ.† As

* The editor of the *Lancet*, in reviewing a late publication on the topic of moral causes, though pleading sceptical as to their operation or agency in the production of this disease, is willing to resolve them into "the *morbid* activity of the *particular* organs of Dr. Spurzheim," which is a full admission that something more than pure *physical* causes is adequate to the production of insanity.

† Mons. Magendie, in his *Journal of Physiology*, relates a striking exemplification of the direful influence of grief, occurring in an intelligent and agreeable man, though of a nervous temperament, who had the misfortune at the age of thirty-six to meet with various crosses in business, and to

to the agency of moral causes, although so methodically arranged, and in the opinion of Dr. Knight, forming an exaggerated statement in the Registers preserved in the large Lunatic Establishments at Paris, this author seems to anticipate an unfavourable influence and much misconception from this classification, "more particularly on the higher orders of society, and amongst persons of great susceptibility," which dread indicates a conviction of the positive influ-

have his wife become deranged in her confinement with her first child. All his energies were devoted to the recovery of his wife, whom he accompanied in travelling, which was recommended to her; he nursed her with tender assiduity, and was a witness to all her sufferings of body and mind. In time she recovered, but he himself, instead of giving way to joy, fell into a state of the most distressing melancholy, believed himself ruined, pursued by the officers of the police, and about to take his trial for some heinous offence. Upon every other subject it was observed that his mind was sound.

Dr. Good, in offering an explanation of this case, remarks, that there is at times as much danger in a sudden cessation of mental as of corporeal impression, the excited mind being as little capable of bearing the change in the one instance as in the other. The individual in the above instance, continued a prey to melancholy for many months, until he was attacked with chorea, the intellect recovering its powers, as the muscles of locomotion were more and more thrown into the most ridiculous and involuntary gesticulations. He was restored from this, and to perfect health, by the use of tonics, and especially the sulphate of Quinine.

ence of moral causes in producing the disease. In fact, however justifiable in a political sense, our undervaluing this source of mental derangement, numerous examples are not wanting to afford unequivocal proofs not only of the instrumentality of moral causes, but of different passions in superinducing insanity.

To those who evince so much scepticism on the score of insanity originating from moral sources, we may safely oppose the authority of Pinel, so peculiarly qualified for accurate observation, who states, that out of one hundred and thirteen mad men, with whose histories he took *pains* to make himself acquainted, thirty-four were reduced to this state by domestic misfortunes, twenty-four by obstacles to matrimonial unions, which they had ardently desired to form, thirty by political events connected with the revolution, and twenty-five by religious fanaticism.

We frequently observe a difference of modification in the character of melancholy, connected probably with some difference of idiosyncrasy, however different the remote cause may be. Hence, as Dr. Good has well observed,* “while Albert Durer is entitled to the approbation he has so long received for his admirable picture of Melancholy, under the guise of a pensive female

* See the Study of Medicine, vol. IV.

leaning on her arm, with fixed looks and neglected dress; Shakspeare has equally copied from nature, in his description of the beautiful and interesting Ophelia, who, instead of shutting herself up from the world, and seeking silence and solitude, is represented as peculiarly busy and talkative, and unwittingly divulging the fond secret of her distraction to every one she meets, as well in verse as in prose." Sadness is the prevailing colour of the mind, but it is often, as Jaques expresses it, a most humourous sadness, so blended with sallies of pleasantry and wit, that it is impossible to listen to them without smiling, notwithstanding the gravity of the occasion.

As an instance of the overwhelming influence of grief producing the melancholy form of insanity, Dr. Darwin, in his *Zoonomia*, has given us a striking case of a widow lady, "who was left in narrow circumstances with two beautiful children, the one six and the other seven years of age. Her circumstances not allowing her to keep but one maid servant, these two children were the sole attention, employment, and consolation of her life. They were both, however, snatched from her by a gangrenous sore throat in one week, so that she lost at once all that employed her, as well as all that was dear to her. For the first three or four days after their death, when any friend visited her, she sat upright with her

eyes wide open, without shedding tears, and affected to speak of indifferent things. Afterwards she began to weep much, and for some weeks talked to her friends of nothing else but her dear children, but did not for many years, even to her dying hour, get quite over a gloom which was left upon her countenance."

Pinel has observed, "that people of great warmth of imagination, acuteness of sensibility, and violence of passion, are most predisposed to insanity, a melancholy reflection, not less true than calculated to interest our best and tenderest sympathies."*

As the majority of cases of insanity are observable within the periods of twenty-eight and forty-five years of age, we are naturally led to ascribe this circumstance to the different changes of the animal œconomy; and at a time when all the habits of the individual are more powerfully established. If the more delicate sex partake of a greater propensity to a perturbed state of the mental functions, and Dr. Haslam has given it decidedly in their

* The author of a curious paper in the Medical and Physical Journal, has asserted that the slightest nervous affection is a *degree* of insanity, from the nascent state to its more full and perfect growth. The progress is so gradual as scarcely to be perceived; the shade of melancholy slowly and sullenly advances over the surface of the mind, until at length it produces a total eclipse of the understanding.—*No. 84, page 195.*

favour, there are various indirect sources that cannot fail to co-operate with remote or recent impressions. The refinement of manners, the delicate reserve in suppressing their natural feelings, the relative difference of education, added to the commencement, suppression, or cessation of certain constitutional periodical changes in them, too obvious to require elucidation, seem powerfully calculated to favour their superior predisposition to this malady. Women are often the victims of circumstances, where the balance of character instantly proclaims their destiny in future life. "Where an unhappy female becomes the parent of an illicit offspring, her tenderness is thrown back on her own heart, with no eye to pity, nor ear to listen to her tale of woe;"* while the stronger sex is more protected by the laws of etiquette, and often escapes without any imputation of public censure, although a gross defaulter in a moral and religious point of view.

There is no comparison between the activity of the natural feelings of love, shame, and grief in the two sexes, any more than in the intensity of duration of these emotions. Notwithstanding however the reasonableness of these concessions in favour of the greater proneness of the female sex to insanity, the records of different Institutions

* See Cox's work on Insanity, page 32, third edition.

in other parts of Europe will not confirm this disparity, which proves that the reputed causes with which we are most familiar, are inadequate fully to demonstrate this point.

Although Dr. Spurzheim inclines to the opinion of the influence of the season and weather, as contributing to the recurrence of insanity, yet he is unwilling to place any reliance on the doctrine of temperaments, as not falling in with his theoretical views of the strict connection of this malady with deranged structure of the brain; but however sceptical he may be on this head, it is incumbent on every impartial inquirer not to overlook any rational clue to the invasion of this malady in either sex.

Insanity, as has been already intimated, generally presents itself a considerable time after puberty, and the melancholic form of it would appear to attach more to certain conditions of the human constitution, and to certain temperaments which are developed at that stage of life when the body is undergoing some preternatural transformation of structure, particularly the capillary vessels, with a concomitant change in the balance of the powers of the circulation. The speculations of the ancient physicians on this topic have never been fairly refuted, although they were less happy in explaining the rationale of the different temperaments; and by

subsequent writers it has been uniformly blended with the humoural pathology. The late Dr. Fordyce was a strong advocate in favour of the influence of temperament as a predisposing cause of insanity. He observed, that towards the middle stadium of life certain peculiarities in the animal œconomy occurred, which could not fail to induce more or less predisposition to a class of diseases that have no very striking affinity, though they are more or less convertible into each other, viz. gout, apoplexy, hemiplegia, and mania. We cannot deny that there is a natural predisposition at this crisis to plethora, and the melancholic temperament, liable to be favoured more or less by external circumstances; for supposing two individuals to live precisely in the same manner, yet this temperament will manifest itself sooner in one than in the other; and hence this temperament and all the diseases dependent upon it are frequently hereditary, and either of the foregoing diseases will occasionally arise, without the appearance of any other preceding cause.

As the body advances to decay, and especially beyond the middle term of life, there is a great relative disproportion in the powers of the circulation, and in the relative fullness of the venous system; the capillary vessels are far less numerous, the superficial veins are distended, and the contractile power dependent on the vital principle is

considerably diminished, so that the two powers which in youth are so very unequal, as life advances are brought nearer to an equilibrium. A change is at the same time going on in the cellular structure, intervening between the muscular coats of the smaller series of arteries, a deposition of bony matter, by which the circulation is more partially conducted, or extravasation from rupture of the proper coats of the vessels ensues. This is not unfrequently exemplified in the vicinity of the ventricles of the brain, and having been occasionally observed in the dissection of insane persons, has been imputed as a cause, rather as an effect of long continued excitement.

The fact of increased density of the brain, suggested by Dr. Mayo, appears to receive further confirmation if we consult the morbid histories annexed to Dr. Haslam's cases, where the reader will meet with accounts of the brain exhibiting every variety of density of consistence to the doughy state; but the terms hard or soft are merely relative, and not easy to identify, unless different specimens of either are brought into comparison at the same instant.

Dr. Knight, whose opportunities of examinations of the state of the brain in lunatics, after death, would appear to have been by no means circumscribed, asserts "that in many instances he detected a greater turgescency of the blood

vessels, and a more copious effusion of blood; but that as no other morbid appearances have been noticed in those who have died *insane*, that have not also been noticed in those who have died *sane*, with the exception of the hard elastic brain in the old maniac, he must refrain from noticing them.”*—*Lib. Citat. page 3*. Dr. Baillie’s evidence is negative on this point.

It has been remarked by an ingenious writer, that the strong activity of any faculty may become involuntary, and even derange other functions and feelings. “Now it is a fact well worthy of our attention, that the most active powers of the mind produce insanity most easily.” One of the most powerful, in Dr. Spurzheim’s view of the subject, is amateness, though implanted in us for the wisest and most important purposes, so long as it is cultivated with due moral restraints, yet many individuals become its victims. Sometimes the shock is sufficiently powerful to overcome reason completely, and lead to acts of suicide. In other cases reason interposes her feeble influence for a time, till the prospect of final and utter disappointment leads to settled melancholy. In

* The dissections of Greding extended to no fewer than two hundred and sixteen maniacal patients, the whole of whom are reported to have died of disorders unconnected with their mental ailments.

some instances, at the very commencement of the melancholic form of insanity, the machine whose motive faculties are every moment without action, is weary of itself; the soul feels no pain, but a certain uneasiness in existing, whilst on other occasions the feelings are so exasperated, as to induce the individual to overlook no possible chance of perpetrating an act, which at another time the same being would shudder at, under the controul of reason.

Dr. Esquirol asserts that the insane are certainly more agitated at about the full moon,* and the paroxysms are more apt also to recur at day break, which distinguishes mania from delirium, the latter being more prone to exacerbations in the evening. This author conceives the "stimulus of light to be the principal cause of the encreased excitement, which he observes is found to frighten some lunatics, to please others, but agitates all."

A very common but hypothetical remote cause of insanity, which I have not yet touched upon, is that of climate, and Dr. Spurzheim has indulged himself in this speculation with unusual brilliancy of colouring. But before he had ventured to insist upon the greater ratio of insanity to the population of this kingdom, beyond other parts of

* This opinion is strongly confuted by Dr. Haslam, who has subjected this theory to the test of impartial observation.

the continent of Europe, he should have more scrupulously consulted the annals of France and Germany, and more especially on the score of suicide. At present I shall only attempt to shew that those who have appealed to manifest difference of climate, as a fundamental source for the greater propensity to this feature of the disease, have defeated themselves by their own arguments. If the agreeable sensations of a mild climate, dry air, and a serene sky, give not only hilarity of mind, but enthusiastic feeling and versatility of character to a native of France and Germany, whilst cold and moist weather is stated to be the harbinger of all our mental sorrows and afflictions; how is the picture reversed when we take an impartial survey of these highly favoured realms, not only prone to the same malady, under all its different modifications, but actually in a greater degree? The vicissitude of climate, which points out the necessity of occasional change of cloathing and diet in the more delicate subjects of either sex, will justify some deviation from the customs of those who may boast of a more genial and equal atmosphere, without leading us to ascribe every morbid effect to climate; greater indulgence in animal food and vinous liquors will be acknowledged, without sanctioning the visionary and gloomy consequence of those who make no distinction between partial and general causes.

As to hereditary predisposition, and the care that was formerly taken to obviate the propagation of epilepsy, madness, gout and leprosy, we have the authority of a celebrated historian* to prove, "that the man was instantly emasculated, a woman secluded from the society of the other sex, or if discovered to be pregnant under the influence of either disease, she with her offspring was buried alive!" "A severe doom, as Burton remarks, yet more to be looked too than it is." Mr. Hill contends, that in the usual acceptation of the word, we are not justified in allowing insanity to be hereditary. Experience, however, shews us that not only this disease is more liable to arise in the branches of a maniacal family, but also to be prone to recur, and to become more permanent in its attacks. There appears to be no greater difficulty in admitting the existence of hereditary insanity, in the qualified sense of this term, employed by the late Mr. Hunter, than that of gout descending to future generations of the same family, notwithstanding the inference of Mr. Hill, that *one* link of the chain being broken, the theory of hereditary derivation is completely annihilated. Dr. Spurzheim is anxious to exonerate the *mind* from displaying any tendency to

* "Hector Boëthius, de veterum Scotorum moribus."—*Lib.* 1.

hereditary insanity, from the consideration of its being a free agent. He thinks it more natural to explain hereditary insanity, like all other hereditary dispositions, by the *corporeal conditions* by which the powers of the mind are manifested. How can we regard those cases of evident hereditary insanity, where there is *little* or *no* evidence of *cerebral*, or more remote organic disturbance, exemplified by an idiopathic idiosyncrasy? Where the descendants from an insane stock do not exhibit the broad features of this malady, Dr. Haslam observes with truth, that they still frequently discover propensities equally disqualifying for the purposes of social life or happiness. We have also the testimony of this author, that a minute investigation of many hundred cases has fully satisfied him, that the offspring of a person who has laboured under insanity is peculiarly liable to become similarly affected.

The following observations cannot but reflect the highest degree of credit upon Dr. Knight, as an acute and practical writer. "I would here draw a strong and distinct line of demarcation between what is called hereditary and *not* hereditary insanity. Adventitious circumstances sometimes concur, and produce insanity in persons previously and subsequently of sound intellect and healthy frames. If the predecessors of such persons have been free from insanity, I

have not known a *well* authenticated *instance* of the disorder being transmitted, and therefore I do not consider such event any well grounded objection to an alliance with the individual, much less do I consider it as a well grounded objection to an alliance with the family. Melancholy, indeed, is the conviction that the intellect of a beloved relative is deranged, but how much more gloomy must the conviction be, that such derangement is a *taint* in the *blood* of the family. Should any one peruse these pages, on whom an affliction so melancholy, so wretched has fallen, as the conviction that the derangement of a relative, a father, mother, sister or brother, is evidence of a taint in the blood of his family, let me hope that this my firm belief, after many years of extensive experience and very close observation, may be an alleviation to his heart, and cheer him from despondency."

Dr. Spurzheim contends, that the investigation of the causes of insanity is a far more essential object, than attention to the symptoms of the disease. We are indebted to him not only for a craniological, but a moral and critical survey of our national character. He observes that one peculiar cause of insanity, with the English, is greater cerebral excitement from the influence of religious, commercial, and enterprising feelings; and that even in our charitable works ostentation

is never forgotten!* The same writer maintains it as a singular fact, that the greatest desire of man, his personal liberty has also had its bad effects; and he quotes the authority of Dr. Rush, "that where, in despotic countries, the public passions are torpid, and life and property are secured only by the extinction of domestic affections, madness is a rare disease." Even Montesquieu has endeavoured to console other governments, by stating "that the extreme political liberty we enjoy ought not to give uneasiness to those who have only a *moderate* share of it." As the inhabitants of this island enjoy a vast surplus of liberty beyond that of neighbouring kingdoms, and have arrogated to themselves an unbounded fund of success in commercial and maritime projects, we can scarcely wonder at their manifesting that trait of character, which consists in a feeling of superiority beyond their just pretensions. In proportion then as the natural causes for this superiority may prevail, we might anticipate a more unwilling submission to miscarriages, and greater impatience in worldly speculations. Montesquieu remarks, "that all the passions being here unrestrained, hatred, envy, jealousy, avarice

* Surely this satirical comment might have been spared from a foreigner, who would look in vain, in other quarters of Europe, for public endowments for every moral defect, as well as every human disease.

and an ambitious desire of riches and honours, appear in their full extent. Were it otherwise, the same apologist observes, the state would be in the condition of a man weakened by sickness, who is without passions, because he is without strength." In animadverting on the luxury and inconsistent hours of meals, observed amongst the higher class, Dr. Spurzheim derives the great sources of nervous diseases, and the greater prevalence of insanity, than amongst the poorer orders; but how far the poorer or middle classes are found to be more exempt from insanity, is rather a questionable point.*

As far as the pure fountain of religion is believed to constitute an efficient source of mental derangement, was it not for the empirical and fanatical sects that are particularly cherished in this free country, that boasts an established religion, one could hardly prejudge the probability of its occurrence. But no man can be prepared to enter on the religious world, to investigate its effects on the human mind, who is a stranger to the manner in which it has operated, and is likely

* Dr. Spurzheim enumerates amongst other concomitant misfortunes incident to this country, that from his own observation, the *brains* of individuals who die in the hospitals in London are *firmer* than those on the Continent and in Dublin, and sagaciously conceives that *nourishment* is the probable cause.

to operate in future. It makes men useless when it runs to great excess, in the shape of intolerant zeal or mysticism, and furnishes them with the means of evading such duties as they cannot be ignorant of, and it prevents them from learning many others. "The grand work of the enthusiastic passion is *presumption*, but zeal, love, and hope enter into the composition, and the compound is powerful, runs into ecstasy and rapture. In every instance of enthusiasm, not only in religion, but in other polemical disputes, there is an arbitrary conclusion which we are justified in considering as an *error*."* But as in the case of religious superstition such conclusions seldom if ever terminate in speculation, they lead to some *action*, which is carried on by the enthusiastic feelings, so that if his brother differ from him in religion he is ready to treat him as an enemy, because he is the enemy of God, and to consider him as a proper object of persecution.

As those who claim the privilege of an especial call are regarded by their flock as inspired teachers, they have only to proclaim their mission, and they will instantly gain proselytes. Having most of them received but scanty elements of general education, and without any critical insight into the original languages of Scripture, though replete

* Dr. Hey's Theological Lectures, vol. II.

with *biblical* lore, which is readily offered in support of the most contradictory and absurd tenets; with very little tincture of natural knowledge, or the science of human nature, they are disposed to class those whom they address as zealots in the same cause, and represent the Author of the New Testament rather as the God of vengeance and eternal wrath than as the dispenser of love and benevolence. Under such impressions, which are by no means exaggerated, superstition and fear will act with redoubled energy, and the minds of the more conscientious though infatuated part of the audience will be paralyzed with distracting doubts, or they will fall a prey to an invincible state of despondency.*

As an illustration of the powerful influence of religious fanaticism, the *Journal de Lyons*, on a recent occasion, mentions that a young girl, whose head had been turned by the missionaries, lately destroyed herself upon a funeral pile of her own erection. Before she died, which was not until some days afterwards, (having been snatched from the pile by her mistress) she declares that she had received an order from Heaven to burn herself, and the night before she died she got up and sang her canticles of remission.

* With regard to religious opinions being considered as a cause of insanity, Dr. Haslam confesses "that he should be ungrateful, did he not avow his obligations to methodism for its supply of numerous cases."

Few persons have afforded a more striking example of morbid illusion from a religious source than the Abbé de Rancé, when first touched with remorse for the enormity of his past life. To a state of frantic despair succeeded a black melancholy. "He sent away all his friends, and shut himself up in his mansion at Veret, where he would not see a creature. His whole soul, nay even his bodily wants, seem wholly absorbed in a deep and settled gloom. Shut up in a single room, he even forgot to eat and drink; and when the servant reminded him that it was bed-time, he started as from a deep reverie, and seemed unconscious that it was not still morning. A faithful servant, who sometimes followed him by stealth, often watched him standing for hours in one place, the snow and the rain beating on his head, whilst he, unconscious of them, was wholly absorbed in painful recollections."*

Dr. Haslam is anxious to vindicate the calm and contemplative system of the Quakers from the risque of insanity; and doubtless their discipline evinces a great share of command over the enthusiastic feelings, too liable to seduce the convert from the plain light of sober reason, but even this sect is by no means exempt from the influence of this malady; for others must have witnessed a

* See Dr. Good's Study of Medicine, vol. IV. page 88.

variety of instances that have been characterized by the same passions and infirmities which accompany the disease in other individuals, so that persons of the most amiable, meek, and pacific natural dispositions may be transformed in an instant to the demon of mischief, or the fancied exaltation to the rank of a bishop or an emperor. Dr. Hallaran is eager also to exonerate the members of the Catholic persuasion from a proneness to a similar malady, but his experience is chiefly derived from practical observations made at the Cork Asylum.

In the preceding view of the remote and predisposing causes of insanity, I have selected such as might claim, in some degree, universal consent. An author, whom I have so freely quoted, states that in preventing the agency of the causes, we are of greater use to society than in taking care of the moral treatment of the patient, and that a *clear* knowledge of the causes of any disease forms the proper basis of treatment, without which no rational plan of cure can be established, but such investigation is still more essential in teaching us to guard against its occurrence. I have intentionally waved the pretensions to having ascertained the proximate cause of insanity, not from any opinion of its want of importance, for in truth it ought to be the grand desideratum of our inquiries, even if should not eventually conduct

us to the cure, but from a conviction that it is not yet reduced to the laws of human evidence, sufficiently clear to lead to a just criterion.

The Editor of the *Lancet* indulges a prophecy, "that the *exact* state of the brain, which constitutes the proximate cause of insanity, will *doubtless* be discovered when the *true* structure of the healthy organ shall be intimately studied, after the manner of Vieussens, Gall and Spurzheim, and its mysteries pried into by the aid of powerful glasses, which were employed with so much effect by Soemmering, in explaining the organization of the eye." But thus to compare great things with small, and to transfer the analogy from the more obvious and definite function of a simple organ of sense to the grand instrument (to use the language of Spurzheim) of the intellect and affections, is a sketch too unbounded for the most sanguine to explore. However reluctantly I might be tempted to wield a lance with the foregoing writer, I should scarcely anticipate that any optical discoveries would enable us to illustrate by *material* structure an immaterial agent. Even the admirable mechanism of the eye, though it develops the adaptation of particular parts to the simple function of transmitting light, by no means conducts us to the theory of vision, so far as sensation is concerned, for it is well known that a perfect picture may be formed on the retina of the eye, that

will excite no image to the percipient, unless the *mind* is directed simultaneously to the same object.

Although Dr. Spurzheim has asserted that he has *always* been able to detect some morbid appearances or organic alterations, either in the substance of the brain, or in the blood vessels or membranes of those who have died under insanity,* and is zealous to impute the *casual* mention of morbid appearances to a want of anatomical acumen in those who have conducted the dissections, I shall still deem it the wisest and safest course to suspend my determination. Those who have boasted of a clearer insight, under the exclusive agency of a corporeal or cerebral origin of the complaint, appear to be as little competent to decide the controversy, as others who refer every thing to a mental source. While we admit the *great* latitude of diseased *function*, as explanatory of the phenomena of other diseases eventually curable, we need not hesitate to apply the same reasoning to insanity. Sometimes indeed these diseases, as well as insanity, are found to destroy the patient without affording a vestige of morbid structure.

In regarding the brain as an organic part, and as a whole, so connected as to expose the absurdity

* See his Work on Insanity.

of considering it as an *aggregation of organs*, “we must not expect to find more in it than in any other part of the body.” Nay, as its organization is the most delicate of the whole frame, Dr. Spurzheim is willing to allow, “that organic changes may occur which are *imperceptible on dissection*, since this is the case also in other parts which may be affected by various diseases, without offering the least morbid appearance after death.” And although he asserts that every one *feels* that he thinks by means of his brain, which will admit of the same proof as the old adage of “*cogito ergo sum*,” yet he very dexterously, in a subsequent passage of his physiognomy, is willing to concede, or rather cancel the major term of the proposition, in stating, “that though we do not feel the *functions of the faculties of the mind*, still their dependance on the organization is not the less certain.” As a proof of the strong tincture of materialism, which he so anxiously disclaims, in detailing the particulars of the dissection of an idiotic child, two years of age, he observed that it was more gelatinous than in others of the same age, and of course more void of fibrous appearance, which he is so willing to consider as an important appendix to the brain, as an instrument of thought, and the basis of every subsequent discovery; and the immediate inference which he draws, is, that the cerebral organization was retarded in its develop-

ment, and *unfit* to *manifest* the *powers* of the *mind*." With this philosopher the argument of "post hoc, ergo propter hoc," is invincible.

Before I conclude this part of the subject, I would beg to call the attention of the candid pathologist to some very important conclusions, which we are at liberty to establish from a wide field of experience, of the extent of morbid structure and varied injury detected in the brain of the human subject, without the slightest manifestations of derangement of the intellectual functions. It forms the most vulnerable obstacle to the stability of Dr. Spurzheim's hypothesis, and he glosses over this subject with the most specious and unsatisfactory attempt at elucidation, from what is said to occur in other organs. *Hitherto*, he says, it has been impossible to judge accurately of the effects of diseases and injuries of the brain, because all physiologists considered only the general attributes of the understanding, and were quite *ignorant* with regard to the *special* faculties. Hence inquiries into injuries of the brain, in respect of mental alienation, must be made with more exactness than it has hitherto been possible to make them.

Whilst the preservation of animal and organic life is maintained by the various modifications and healthy structure of the different organs of the body, the peculiar functions of which are con-

stantly more or less impaired by disease, we find that the brain is capable of undergoing extraordinary transmutations and morbid action, without necessarily involving the intellectual functions. This position may be regarded as one of the utmost moment in its application to the investigation and treatment of insanity, and the following coincidence of sentiment on the authority of Mr. Abernethy's experience, is a *strong* justification of the views I have here inculcated. "For my own part, he observes, I shall affirm that every kind of nervous malady may occur in the brain, as *functional* disorder and not as *organic* disease." "Can epilepsy take place without *organic* disease of the brain? the answer is *unquestionably*." It is answered unquestionably by any man of extensive observation. Few people have that extent of observation which would qualify them to hazard this opinion, but I refer you to a case where a man died of epilepsy, published I think by Dr. Fraser, and where Sir Astley Cooper was employed to examine the brain. He did examine it with the utmost attention, and he found no *organic* disease of the brain whatever.*

A very circumstantial and remarkable list of injuries and diseases of every part of the brain, succeeded by very slight manifestations of mental

* See Mr. Abernethy's Lecture on the Morbid Anatomy of the Brain, recorded in the *Lancet*, No. 193.

affection, has been published by Dr. Abercrombie, and others by Dr. Duncan, jun. in the Edinburgh Medical and Surgical Journal; and although they were not brought forward by these authors to serve as any illustration of the connection between insanity and cerebral disorganization, still as long as the functions of the mind to our finite views, according to the general laws of physiology, seem to be attached to the state of integrity of the brain, we are strictly warranted in asserting that the functions of animal life and those of the understanding must have some relation to each other; such at least would be the inference to any one whose mind was not warped by the sophistical doctrines of a plurality of organs centering in the brain, and the duplicity of that viscus, as a compromise to any partial injury.

Mr. Lawrence, who holds a distinguished situation in one of our most celebrated Lunatic Asylums, observes that the brain does not often come under the inspection of the anatomist in cases of *functional* disorder; but still he offers a most unqualified statement, and attempts to confirm it by personal experience, that the heads of very few persons dying deranged will be examined after death without shewing diseased structure, or evident signs of increased vascular activity. The latter phenomenon, though not always detected by others, cannot be a matter of surprise,

when we reflect on the impetuosity and variable state of the circulation in certain paroxysms of the disease. But the whole argument is evidently introduced from a strong bias in favour of direct materialism, a doctrine as repugnant to true philosophy as to common sense; (*See his Lectures on Zoology, page 98*) for what can more strongly justify this inference than his remark, "that all the manifestations, called mental or intellectual, are the animal functions (without making any distinction between the *animus* and *anima*) of their appropriate organic apparatus."* The appearances of disorganization, that are held to be so universally conspicuous in the dissection of the insane, go very little way to demonstrate the *inseparable* union between the brain and the mind, since we have incontestible evidence in various instances, of the most extensive disorganization of the membranes as well as of the proper substance of this viscus, without any manifestation of derangement.

Many of the foregoing cases displayed frequently more or less disturbance in the functions of animal life, especially where the cerebellum was the seat of the disease; but we find

* To me it seems impossible that any rational being should suppose reason and the nobler sentiments of our nature to arise from organization or mere vital actions.—*Abernethy's Lectures on Gall and Spurzheim's Discoveries.*

on record proofs of large accumulations of serum in the ventricles, and suppuration of one or both hemispheres of the brain, without any supervention of mania or deprivation of conscience. It deserves, indeed, to be remarked, that a more extended sympathy with the functions of animal life and the operations of the mind, would appear to result from the acute and chronic inflammation of the membranous coverings of the brain, than from disorganization of its proper substance. The majority of Dr. Haslam's morbid histories, contained in his *Observations upon Mania*, are restricted very much to diseased appearances in the investing membranes, or to the greater or less degree of turgescence in the vessels supplying the surface of the brain. After rehearsing the different cases of disease and mutilation brought forward by Sir Everard Home,* Dr. Spurzheim remarks, that any arguments derived from such a source, are quite unfit to point out the functions of the brain, and that any hope of it from a similar foundation is vain. If the developement of the brain be defective, the manifestations of the feelings and intellectual faculties are also said to be defective; but allowing this to be congenital, how happens it that a defect by disease or mutila-

* See his paper on the Functions of the Brain, in the *Philosophical Transactions* for the year 1814, part II.

tion should still, in so many cases, present such different results?

In the various cases of hydrocephalus, where the patients retain their intellectual faculties in a greater or less degree, no degree of disorganization is admitted by Dr. Spurzheim; he maintains that the cerebral fibres have only been changed from their vertical into a horizontal direction. I would still ask how such a mere change of position can fully elucidate this? Does no interstitial absorption ensue from the distention of the ventricles? We know that pressure, however gradually made, tends to favour the absorption of surrounding or super-incumbent parts.* Are the medullary and cinentious parts of the brain presumed to be exclusively fibrous, without any intervening gelatinous texture? Dr. Spurzheim even hesitates in refuting this objection, by contenting himself with supposing the *possibility* of the cerebral fibres being elongated, without the internal organization being destroyed. He observes that when an excrescence pushes the eye

* Witness the distension in Ovarian Dropsy, with almost a total absorption of the proper substance of the ovary, though Dr. Spurzheim denies the analogy as respects the brain, asserting that the slightest distension of any one portion of the brain would tear the pulp, and the disease could no longer proceed.—See his *Anatomy of the Brain*, &c. page 172.

ball out of the orbit, the optic nerve is sometimes elongated without the patient losing the faculty of sight; but so long as the parts subservient to vision remain unimpaired no one would expect a different result.

With regard to the anticipation of morbid structure, as necessarily connected with mania, we rather act and theorize under the habitual expectation of it from reasoning a priori, on the connection between mind and matter; whereas at any time were we to stoop to analyse our theory on this subject, and reflect how little we know of the nature between any other structure and its appropriate function, even admitting that we sometimes meet with organic læsion consequent to functional derangement, we should be less surprised at our inability to detect it on other occasions.

CHAPTER III.

ON THE MEDICAL TREATMENT OF INSANITY.

IN reflecting on the dissimilitude between the nature and attributes of the mind and the body, and upon their greater complexity united, we need not feel more surprise if we fail to discover an antidote to disease of the former, than at our discomfiture in those which are completely attached to the latter.

No complaint has contracted such extensive alliances as insanity ; its citadel would appear to be in the brain, but we must attack the outworks in order to make a favourable impression on many occasions, and that the severest sympathetic affections will be frequently excited in remote organs, is a fact which ample experience will daily confirm. The editor of a highly popular medical journal has remarked, "that in a public hospital, the disturbance of the intellects is there looked upon as a mere symptom of some bodily disorder, or as the effect of some morbid action, like the delirium which occurs in fevers, and thus insanity is de-

prived of half its horrors. He also asserts that confused notions and vulgar errors have prevailed, from considering insanity as originating in some secret and mysterious change of the mind, which, by a noble superstition, is exalted above corporeal organs." However plausible such a position may be considered in the abstract, we have the mortification to find that in spite of the most prompt and active measures, we are often limited to the mere palliation of the disease, having very little scientific clue to its physical cause, and still less confidence in being able to obviate its recurrence. It becomes then the object of medicine "to tranquillize or remove that state of nervous irritation or disease, which may have led to the establishment of insane ideas, whilst that of moral management is to awaken and annul those irrational ideas, by so occupying the mind as to prevent their return."*

——— "Alterius sic
Altera poscit opem, res et conjurat amicé."

The Greek Physicians mostly trusted to a natural cure for disease, they scarcely ever confided entirely in an artificial remedy; but in the present state of society, who cannot but regard every manifestation of disease as pointing out

* See Mr. Abernethy's Lecture on Gall's and Spurzheim's Physiognomy.

the necessity of medical interference, it is no wonder that the operations of nature are so little attended to, as the cures would be effected without any accession to our pecuniary interest or medical repute. By parity of reasoning, the full extent of moral discipline is never likely to be fully appreciated in private practice, or in other words, the natural cure of insanity would excite but little feeling of curiosity amongst those who look to medicine, where, alas, the virtues of medicine are often equivocal or too inert to eradicate the disease. Impatience under the heaviest affliction, and the fears of impending death, prompt us all to seek for medical aid, rather than confide in the natural resources of the constitution.

So sceptical are the principal physicians of the large lunatic establishments at Paris of the functional derangement of the system in general, in the majority of cases, that medical treatment forms quite a secondary object.* Mons. Georget, one of the assistants to Dr. Esquirol, thus expresses

* Dr. P. S. Knight, one of our latest writers on the phenomena of insanity, does not hesitate to declare his firm conviction, that in *every* case of deranged intellect the disease proceeds immediately from corporeal disorder, insinuating that the structures of various human frames differ greatly in the susceptibility of this influence on the intellect, although in *what* this susceptibility consists he acknowledges himself quite ignorant.

himself. “Qu’a l’exception d’un petit nombre de cas, ou l’on ne peut contester leur effets salutaires, ils ne peuvent nous servir que foiblement à changer, ou à modifier bien sensiblement la succession des phenomenes.” If it argues folly to oppose the influence of reason to the unfounded prejudices and distempered illusions of the insane, by what clearer insight can we anticipate success in the management of simple derangement of mind, in exhibiting camphor, musk, or volatile alkali? We might here appeal to the sentiment of the lecturer quoted and criticised by Dr. F. Willis. “When one man thinks himself a king, another a cobbler, another that he governs the world with his little finger, can physic, said he, make them think otherwise?” It is no less singular than discouraging, in the contemplation of this awful malady, that those who have expressed themselves most confidently as to the proximate cause of this mysterious complaint, should have least contributed to lay down precise rules for its medical treatment.

Dr. Haslam, though diffuse enough on the phenomena and exciting causes, merely states his opinion, which we cannot but believe has been formed on the maturest ground of experience, of the little efficacy attached to the most exalted remedies. In the whole of that division of his work which is devoted to the enunciation

of the cure, he seems to be taking merely a negative part, informing his reader what will not avail in the treatment of this disorder, rather than in determining what is most efficacious; whilst another advocate of a more sanguine cast, condemns the lancet, and is loud in his praises of camphor, cordials, and emetics, viewing the disease as that of sthenic or asthenic diathesis *. The difference of result between recent and confirmed cases, and the superior success of early and active medical treatment, is decidedly conspicuous, and is forcibly illustrated by the evidence of Dr. Veitch on a small scale, which may serve to reconcile the greater number of failures in those admitted under every aggravated circumstance of disadvantage, into our largest lunatic establishments.

* The late Dr. Darwin imbibed an opinion that there was a most striking analogy between insanity and the convulsive affections of the muscles, so much so, as to be termed by him *curiously exact*. It was this idea which led to his nosological arrangement of two genera of diseased volition; one of increased actions of the *organs of sense*, in contradistinction to increased volition, with increased action of the *muscles*; whilst he arranges delirium under the head of increased *sensation*. If the analogy was complete, antispasmodics ought to cure the lunatic, as by a charm. This author, however, refers the general character of the disease to the influence of pain of our muscles or organs of sense, and considers the cure to consist in the art of relieving pain, an elucidation too simple to merit our confidence.—See his *Zoonomia*, vol. II. page 272, *Dublin Edition*.

According to the Parliamentary Reports for the year 1816, on the state of different lunatic asylums in this kingdom, Dr. Veitch affirms, that of twenty-eight curable cases of insane seamen and mariners, admitted within about twelve months, in an institution not then the best adapted to accelerate the curative process, eighteen, or nearly two out of three, were discharged well within the same year; whereas only five out of 152 old confirmed cases recovered.

The late Dr. Willis testified in evidence before the House of Commons, that under his care, nine out of ten recovered, if submitted to his management within three months from the attack; and although it has been discredited by a writer of some eminence, the talent of discrimination and decided judgment of this successful physician, must have some claim to our admiration. The chances of cure are ten-fold, when the derangement of mind is palpably connected with bodily indisposition, but it has been found by frequent experience, that the severities adopted by timid and unskilful keepers in provincial asylums for the coercion of the insane, and the irritation consequently excited in the unhappy objects of their care, has tended much more to aggravate than to mitigate their disorder.

In an article of the Monthly Magazine for March, 1805, it is very illiberally asserted, "that

little or nothing is done towards the cure of these diseases by medicines in any of our lunatic hospitals. Occasional bleeding and purgatives, or small doses of gentian and camphor, are the principal means tried in any of them." Under our present ignorance, unquestionably nothing should be left untried that is likely to be of the smallest use. The common routine of treatment laid down in Treatises upon Insanity, and adopted in public asylums has been strongly censured by Dr. Spurzheim; indeed he compares the physician in this case to a judge, who is satisfied with knowing the letter of the law, whilst he neglects its modifications. At the same time he is unwilling to consign any case to nature, from a persuasion that by such inert practice, "insanity would only be converted into fatuity." The situation, however, of pauper lunatics, is very deplorable and degrading in workhouses and prisons, and it has not escaped the vigilant eye of our legislature. Those who are deputed to manage them seem to have recourse to correction on the same plea that common breaches of decorum are punished, without in the least taking into consideration the almost total abolition of conscience.

Dr. Rush has observed, that the successive and alternate changes of the different forms of madness into each other shews the necessity of re-

nouncing all prescriptions for its names, and of constantly and closely watching the disease. And Dr. Haslam is averse to the common classification of mania and melancholia, as designating opposite diseases." "In both, he observes, the association of ideas is equally incorrect, and they appear principally to differ only from the different passions which accompany them; for we daily witness the most furious maniacs suddenly sink into profound melancholy, and the most depressed and miserable objects become violent and raving." Where the transition from incessant raving into settled dejection occurs in the *delirium* of fever, and a state bordering on coma ensues, the prognostic is seldom or ever favourable, which constitutes a strong feature of the difference between mania and delirium.

There is frequently great perplexity and anxiety evinced in the treatment of an insane patient, and a necessity for nice discrimination, some requiring one kind of treatment and a longer perseverance in it; others a different one, according to the manners, habits, and sphere of life in which they have previously moved. As far as the body is implicated, the same medical remedies, with little modifications of the dose will be equally required for the cure of both the poor and the rich; whilst the moral regimen will necessarily vary with the man of fortune and education, or

with the female of accomplished manners and sensibility. We shall in vain, however, expect to obtain a cure if we consult the disordered patient's will, or the opinion of his friends, in opposition to our own practical knowledge, in determining whether he shall walk, take his medicines, or conform to our directions.

In our examination of the patient, which is not always at first satisfactorily effected, in a state of mental *sanity*, we are here constantly liable to be misled, for the lunatic has generally an ostensible motive to practice deceit, viz. the instinctive desire to regain his liberty, by expressing the conviction of his thorough exemption from bodily or mental infirmity. The character of human nature being so distorted, and the consciousness of physical impressions being in great measure removed, or obscurely evinced, makes it as difficult to minister to this disease as to those in infancy, where they cannot be expressed otherwise than by external signs.

The corporeal indications are as fluctuating as those of the mind, and generally as being under the controul of the latter. Hence we have, as an antecedent feature at one time, an extraordinary flow of high spirits, at other times extreme terror. The countenance is pale and ghastly, and strongly expressive of some inward emotion or bodily suffering, and the extremities occasionally bedewed

with a cold perspiration. On other occasions greater marks of excitement are denoted by the malignant glare of the eye, a flushed countenance, and an aspect of unusual ferocity, or the passion of terror is converted into that of vengeance and fury; in short, there are as many physical as ideal sources of suffering, and these must claim our divided attention.*

The first and most essential point for us to ascertain, respects the natural division of idiopathic and sympathetic insanity; the more popular but deceptive forms of mania and melancholia may claim a subordinate consideration.† We have two grand indications to fulfil after we have investigated the more obvious circumstances; to restore tranquillity to the mind through the medium of the body, and to minister to the diseased functions of the latter, remembering that although both are inseparably connected in the proper offices of health, that from the little which we know of the precise influence or nature of the mental faculties, that it is not only possible but

* See Dr. Good's Study of Medicine, page 70, vol. IV.

† Dr. Good has taken a very comprehensive survey of every modification of insanity and mental delusions, but too minute for practical purposes; and the late Dr. Arnold has divided the disease into as many species as there are varieties of mental affection, under the fanciful heads of *notional* and *ideal* insanities.

highly probable, that the two are now in a certain sense disunited, and that applications addressed to the mind consistent with the salutary maxims of health may conjointly with medicine, restore the latter in all its energy to its natural communication with the body, care being taken to avoid the accidental causes of corporeal disturbance, and more especially any sudden accession of vascular excitement, or unfavourable mental impressions.

If in the treatment of madness our success is *solely* to depend upon the indispensable knowledge of the mind in health, as physiology and pathology are mutually connected in conducting us to a knowledge of the general diseases of the body at large, notwithstanding the strictness of the analogy as maintained by Dr. Spurzheim, I fear we shall frequently arrive at little *certainty* as to the real merit or infallible pretensions of any system of therapeutics. "There appears to be a vast interval between body and mind, as Dr. Reid has remarked, and whether there be any intermediate nature that connects them we know not." The anatomy of the mind does not hold out the same advantages with objects of natural investigation. "The physician can only examine his own mind with any degree of accuracy and distinctness. He may, from outward signs, collect the operations of other minds, but these signs are frequently ambiguous, and must ultimately be interpreted by

what he perceives within himself." Admitting then that art has its limits in the cure of diseases, we may fairly concede the point, that the operations of nature are less circumscribed, and that sometimes it is better to yield to her honourably, than to pursue a visionary phantom of theory without a fixed or precise clue to direct our experiments.

If Dr. Haslam's view of the proximate cause be correct, it is principally founded on an increased impetus in the circulation distributed to the brain, and it would follow that depletion in every form should constitute the primary object of cure. But there are many cases of idiopathic insanity where no such indications are obvious, but where the disease is principally manifested by some morbid hallucination of mind, and constitutional peculiarity or idiosyncrasy, very little under medical dominion. In many individuals indications of languid or a deficient circulation in the cerebral structure are exhibited from depressing causes, such as inordinate grief, disappointed love, or religious melancholy; these causes will more peculiarly affect persons of weak and irritable habits, and such as are possessed of extraordinary sensibility, who are generally classed with the nervous temperament.*

* Dr. Knight offers a very gloomy prognostic in the idiopathic form of mania, observing, "that where it is not

Mr. Hill states, from his own experience, "that in fifty maniacs, labouring under what he terms the highest degree of the sthenic form, not more than from seven to ten of them will require the most powerful means of reduction of the vital power. As a further authority for discouraging the depleting system, we have the experience of our great countryman Sydenham, quoted by Dr. F. Willis, and Mons. Pinel

accompanied with epilepsy, nor any marked bodily disorder, he is not aware of any rational mode of proceeding, that has not moral treatment and the regulation of diet for its basis." To have the full benefit of moral and dietic regimen, it should be commenced by a mild and firm discipline, and where a perfect cure is not to be effected, Dr. Knight maintains that he has succeeded in preserving the patient in a tranquil and decorous course of demeanour. In a well marked case of this form of insanity, where the patient, a youth aged nineteen, had been very refractory, and highly capricious and unmanageable, this physician had made so favourable an impression on the symptoms, that it was extremely difficult to detect any insanity in him."

This author, however, has confined the detail of idiopathic insanity to peculiarities of congenital irregularity of temper and general conduct, but is silent upon those instances that may be said to originate from later events, or even peculiarities of morbid configuration of the head or brain. Cases of the latter description will of course afford a very precarious prognostic, whilst the former may admit of different degrees of amelioration.

Dr. Haslam has favoured the public with a valuable selec-

advocates the same side of the question, "asserting that bleeding, practised without rule or bounds, is found to exasperate the symptoms, and to cause periodical or otherwise curable mania to degenerate into dementia or idiotism." These examples, however, must not be allowed to prejudice us, we are from education prone to sacrifice too much to celebrated names, in support of theory and practice, regardless of the salutary maxim of "*mullius addictus jurare in verba magistri.*"

Much as we may be taught to reprobate the indiscriminate and too copious use of the lancet, yet there are circumstances connected with periodical changes of the constitution, and the

tion of cases of the idiopathic form of mania, occurring in very early life, which received but little mitigation from the most careful medical and moral treatment. The examples he has given tend to manifest a singular propensity to mischief or cruelty, a want of the proper attention to become fully acquainted with surrounding objects, and an inability to receive instruction. In one instance the individual was sometimes sensible of his own disorder, and would express a wish to die, or threaten to commit suicide, affirming that *God had not made him like other children.* The usual amusements of children gave him no entertainment, and he appeared incapable of forming a friendship, or feeling the least sense of gratitude. As far as respected the bodily functions of these individuals, they are reported to have enjoyed a continued share of health. The latter observation accords with Dr. Knight's sources of experience.

sanguine temperament is more strongly developed at certain periods of the disease, where we could not dispense with local or general bleeding; in fact, it must be considered as the most efficient resource or means of relief we possess.* Most of the ancient physicians were perfectly aware of the danger of too great freedom in resorting to bleeding, and where they have sanctioned it they have mingled cautious directions even in the early stage of the disease, from having remarked patients suddenly to sink under the operation.

Aretæus and Trullian both treated this disorder under the head of phrenitis, and did not scruple frequently to recommend wine and other cordials, to mitigate the fury of a paroxysm, and to promote tranquillity and refreshing sleep. This stimulating

* Dr. Hallaran has pointed out the critical symptoms that more particularly demand general or topical bleeding in recent cases of idiopathic insanity. He prefers opening the temporal artery, as the most efficient means of diminishing the excessive *impetus* of the heart, where it is coupled with the following symptoms; "the pulse standing from ninety-six to a hundred, in young persons, with a white tongue, hot skin, and suffused eyes. When these phenomena are present, it will undoubtedly be found expedient, if not essential to the safety of the patient." Practitioners of more recent experience, and of the highest authority, have shewn great reluctance in subscribing to this mode of relief; in fact, the remote cause of the cerebral disturbance ought always to claim our early attention.

treatment of the disease would seem very unfavourable to the close parallel that has been attempted to be drawn between phrenitis, in its legitimate sense, and mania.

Dr. Mayo contends that there is a very close resemblance between a paroxysm of acute mania and phrenitis;* "increased action is the essence of the physical pathology, divided into its remittent and continuous stages." He likewise remarks, "that if in phrenitis the active symptoms yield before some fatal effusion has taken place, the patient is cured." This, however, is far from being the general result of a paroxysm of acute mania. The above author observes, "that wherever violent, or even slow increased action, is discovered to be attacking the structure of a part, the phenomena connected with the change of structure should be the primary object of our attention, and not those which regard the function." I can scarcely foresee how we can separate them. In a case of furious mania, combined with obvious proofs of increased action in the sensorium, and the most vehement and impetuous marks of strength and irascibility, we must occasionally have recourse to active means of topical and general depletion, and employ restraint, low diet,

* Too indiscriminate an adoption of this theory would probably lead to unfavourable results.

and seclusion from the light, to effect greater tranquillity of mind and body, but bleeding will not cure the patient.

The French physicians not only speak unfavourably of the effects of bleeding, but likewise of the practice of administering emetics, so loudly extolled by Mr. Hill; with them the tepid bath forms an essential part of the treatment, the patient is immersed in it for half an hour two or three times a week, and where every other attempt to tranquillize the most disorderly and unmanageable has failed, a stream of cold water is directed to be poured upon the head from a height of three or four feet or upwards, while the body continues immersed in tepid water. After two or three trials, the bare allusion to the necessity of its repetition restores the patient's conduct, and he becomes more tranquil.

When a paroxysm of acute mania appears to be subdued, it frequently, as Dr. Mayo observes, leaves a mitigated state of excitement, which, unless followed to its close by some mode of depletion, will revive the disease. Eighteen or twenty leeches, applied to the surface of the scalp and allowed to bleed freely, succeeded by cold topical applications, will often avail more and be less injurious than copious general bleeding. We are not to restrict our views to the continuance of the disease, as attaching to the sensorium, nor is

the slow process of morbid action by any means confined to the mental phenomena, but by its influence the reciprocal functions of the stomach, liver, and intestinal canal will become affected, nay even the heart and state of respiration may claim our attention; nor can the maniacal effects be removed till these sympathetic disorders are quieted. Where insanity occurs from metastasis, even where the functions of the mind are highly deranged, bleeding is often less practicable than in the genuine idiopathic form of the disease. We must only bear in mind that there is no universal anti-maniacal remedy, nor can any general medical routine be indiscriminately laid down.

The means of cure, suggested by Dr. Mayo, resolve themselves into occasional cupping or general bleeding, issues or setons, a continued repetition of purgative medicines, sudorifics, and occasional emetics. As exceptions, he instances one case of puerperal mania, successfully treated by stramonium, and another of the beneficial effects of opium, where the insanity was induced by a long continued habit of intoxication; in this case the opium appeared to act merely in subduing the extreme irritability of the patient.

The idiopathic form of insanity, attended with great irritability, and arising on some occasions from the influence of moral causes, will frequently forbid the administration of lowering means, but on the contrary demand cordials, and frequently

a more generous diet, with every adventitious endeavour to soothe the patient; under such circumstances sedatives will be found useful, such as the hyoscyamus with the extractum papaveris albi, not neglecting the state of the bowels at proper intervals. Patients of this class are weak and delicate before a regular invasion of the disease; some will be marked by a florid complexion or a flushed countenance, denoting partial congestion of the vessels of the brain, but they will not in general sustain the loss of blood, and powerful stimuli should be avoided. Dr. Spurzheim observes, "that the quantity of blood, or the great activity of the blood vessels, is not the cause of insanity; it is not *plethora vera*, but congestion from weakness, hence blood-letting will not remove the cause of the complaint." The treatment, according to his judgment, "must be tonic and nourishing without stimulating." Those who manifest a more inert or phlegmatic temperament may be indulged advantageously in a limited allowance of wine, according to the state of the vital functions in general, particularly those who betray much depression of spirits, and a languid circulation from the influence of debilitating passions. I fear, however, that but few practitioners can subscribe to the following boasted resources held out by Gaubius. "The physician hath auxiliaries at his command, which may recal the mind when she hath ceased to think, or

hath apparently lost all conscience. He hath such things at hand, which his art furnisheth him with, that can compose the mind though ever so violently agitated, that can divert her from thinking upon what she is ever so closely bent upon, that can oblige her to keep holiday, by erasing for a while all her ideas, and introducing a kind of general oblivion. An opiate, by laying the body fast asleep, can perform all these things!"

In corroboration, however, of the powerful and useful effects to be occasionally anticipated from a judicious exhibition of an opiate in acute mania, after copious depletion by bleeding, and a succession of active cathartics, I shall introduce the following interesting and instructive example, recorded by J. Allan, Esq. in the 77th Number of the Edinburgh Medical and Surgical Journal. I shall merely state the most prominent outlines of this case, although it is scarcely possible to do justice to the author of the paper by offering any abridgment of it. The subject of it had previously suffered from a violent fit of epilepsy, he was fifty years of age, of tall athletic stature, and dark eyes. For several years prior to the attack he had suffered habitually from prolapsus-ani and hæmorrhoidal discharges, had been a free liver, indulging himself in the use of strong beer and spirits, until his appetite became so vitiated as to allow of his only partaking of high seasoned dishes, of which he partook but seldom, and only

in small quantities. The day preceding the epileptic attack he had been discharged from the office, where he followed some laborious occupation, on account of symptoms of alienation of mind. About seven years before Mr. Allan's attendance was required, this patient had undergone two operations for the removal of hæmorrhoidal tumours, since which period he had been less subject to hæmorrhage per anum, but had frequently been troubled with giddiness and head ach, and occasional severe tremors in his limbs. The latter symptoms had generally been relieved by the topical hæmorrhage already adverted to. His friends had taken the precaution to have him cupped, but on the morning of the 17th of October, 1822, the pulse was found to be full and firm, his hands and all his limbs were in tremulous motion, he was incessantly talking, and the tongue, which was protruded in a hurried manner from his mouth, presented a dark brown incrustation. Two pounds of blood in a rapid stream were immediately taken from his arm, and five grains of the sub-muriate of mercury, with ten grains of compound colocynth pill were administered, and followed up by an infusion of senna and sulphate of magnesia every three hours. Though the bowels acted copiously, in the afternoon of the same day he experienced another fit of epilepsy. Twelve leeches were applied to the forehead—he passed

a restless night, and was only prevented by force from getting out at the window ; he was clamorous for spirits, but they were strictly forbidden. The following morning a considerable portion of the rectum had protruded, but was easily replaced. Pain was expressed in the epigastric and umbilical regions. He had complained bitterly of those who had exerted themselves to prevent his doing himself an injury, urging that he was imprisoned like a felon, and that an Englishman's house was his castle. Twenty-eight ounces of blood were again drawn from the arm, and as he was now more vehement in demanding such food and drink as were highly improper, a grain and half of tartrate of antimony was exhibited every half hour, to the extent of four doses. This produced no nausea, nor was the violence of his conduct diminished after the bleeding. His family now considered him to be incurably insane, and was anxious to have him dispatched to a private mad-house. Mr. Allan discouraged this step, and advised them to permit his having the full benefit of medical aid. An effort was then made, though a fruitless one, to get him admitted into Bethlem Hospital. As the severity of the symptoms were such as not to allow of any further delay to await the forms of admission, the surgeon was allowed to proceed with the plan of treatment already commenced. The patient's head was

then shaved, and thirty-six leeches applied to the scalp, and two grains of the submuriate of mercury with the same dose of *extractum rhœi* were directed every four hours, so as not to exceed four doses. On the morning of the 19th he had become so outrageous, that it was necessary to employ a straight-waistcoat. His bowels had been purged of copious black and foetid evacuations still half a grain of tartrate of antimony and two drachms of sulphate of magnesia were exhibited every four hours. His pulse still remaining full and strong, such a quantity of blood was again abstracted as was calculated to make a powerful impression on the system. After the loss of forty ounces his countenance became pale, and a degree of syncope followed, with profuse and universal perspiration. He was now observed to be quiet for some time, but towards the approach of evening he became as violent and unmanageable as ever, although his pulse was quick and feeble, and a further discharge of blood had intervened from the orifice in the arm, during his struggles to release himself. The same evening he had a violent shivering fit, which lasted half an hour. From this time more vigorous restraint was employed to prevent his injuring himself and others, and after repeating the use of the straight-waistcoat, the use of which had been suspended during the bleeding, two grains of opium and ten grains

of extractum hyoscyami were administered every four hours, until sleep or a state of quietude should ensue. A blister was also applied to the nape of the neck, and cold applications made to his head. The following morning the report was, that he had passed a more noisy and sleepless night than ever. He had sweated profusely, but the narcotics had apparently produced no specific effect, although four doses had been exhibited. The tongue remained much furred. On the evening of the 20th I found that he had become rather quiet, and that no more narcotic pills had been employed. He now laid apparently exhausted, in a supine posture, and in a profuse perspiration. His mouth was open and the lower jaw quite relaxed, he was unable to recognize any person whatever, the fœces and urine passing involuntarily. His life was utterly despaired of by his friends, nor was he expected to survive the ensuing night. On the morning of the 21st his features had very unexpectedly resumed their natural expression, his skin was cool and moist, and although his ideas were not perfectly collected, he was able to recognize every person in attendance, and gave distinct answers as to his sensations. It ought to have been stated, that immediately previous to this favourable change in his symptoms, Mr. Allan had urged the propriety of applying a large blister to the scalp.

which was acceded to, only under the idea that he was insensible to pain. The tongue was still furred, and four doses, consisting of two grains of submuriate of mercury and five grains of extract of rhubarb were given at intervals of every six hours. He had passed the day in tranquillity, and had been allowed the liberty of one arm, and the blister had excited a profuse discharge. On the morning of the 22nd Mr. Allan found him in the entire possession of his faculties, and perfectly rational in his conduct. He was totally unconscious of what had passed, and principally complained of pain in his limbs as if he had been beaten. His skin remained moist, though the tongue was yet covered with a considerable crust, his mouth had evinced the mercurial action, and the pulse moderately strong and frequent. As he now expressed an anxious desire for food, a little milk and beef tea were allowed alternately. From this period his recovery was regularly progressive. Mild bitters and occasional doses of mercurial pills were employed, and a plain nutritious diet enjoined, which he took with a relish that he had not been lately accustomed to express. In six weeks from the commencement of this attack his mental and bodily health were perfectly restored!

The history of this favourable case suggests many very important remarks, which did not escape the

penetration of the narrator of it. Although he is cautious in drawing hasty conclusions from an insulated fact, he has afforded us an example of the most intrepid and laudable perseverance in a decisive and systematic course of treatment, under very discouraging and alarming circumstances, such as would have put other individuals of superior talents off their guard. It likewise discloses the powerful aid which the greatest calamity of our nature is capable of deriving from vigilance, combined with skill and fortitude, and disarms the superficial theory of those who are too ready to abandon the treatment of mental diseases to the exclusive trial of moral means and simple restraint. It is often to be lamented that the practitioner is prevented from exercising his judgment in extreme cases, through the mistaken tenderness or officiousness of relations. The exception in this instance has been the means of bringing to light the valuable resources of the most powerful medical agents, in restoring a member to society and to his friends, who must otherwise have fallen a victim to the disease. It cannot be doubted that in the foregoing case, the copious depletion by bleeding and the mercurial cathartics contributed to heighten the beneficial effects of the opiate, and although its primitive effects were adverse, still its influence was decidedly acknowledged after the lapse of some hours. Probably nothing

but the combined effect of these, with the consequent mercurial action, would have restored the individual. Mr. Allan has very judiciously observed, that although liberal bleeding, succeeded by an appropriate course of medicine and dietetic regimen has often checked a fit of insanity, that even powerful evacuations have not subdued the morbid hallucinations of the patient; and he is led from the issue of this case to confide in the effects of opium, although the fears of a great number of enlightened practitioners have always operated against the propriety of its administration.

Dr. Spurzheim has remarked, that very often the failure of success arises more from the manner of using the remedies than from any radical defect in their properties. In many instances it must be confessed that opiates, exhibited before the inflammatory action is subdued, will tend to aggravate the disease and excite delirium, rather than tranquil sleep. It happens also in the employment of digitalis for the cure of dropsy, that its specific effects as a diuretic are rendered more conspicuous after the action of a brisk emetic or a drastic cathartic.

In the preceding case, so ably treated and delineated by Mr. Allan, not only the mental derangement was an object of the highest solicitude, but the digestive organs exhibited ample proofs of the utmost disorder. The bleed-

ing, although carried to an unusual and almost fearful extent, would probably have been ineffectual without recourse to the mercurial purges; and a state of syccope having ensued, the salutary effects of the opiate, though not immediately felt, was ultimately demonstrated to the great surprise of those in attendance.

It is scarcely necessary to add, that however partial such reports of the success of any remedy may appear, we are not warranted in rejecting a further trial of this invaluable drug; indeed nothing but the fullest and most impartial experience can invalidate or support the practical advantages of any single article of the *materia medica*. It remains with those who are entrusted with the cure of this malady to institute a further trial of opium, either by itself, or in combination with other vegetable narcotics, and occasionally with antimonials, at such crisis of the disorder as the discretion of the practitioner may suggest, without hastily condemning it as a rash and inexpedient resource where other remedies have failed, or when the patient has been consigned to the sole management of the keeper, or the most inert medical means. The late Dr. Cullen speaks favourably of opium, but observes that he has never carried the trial of it so far as seems to be requisite to an entire cure; however he has observed, that where it had the effect of inducing

sleep, it was manifestly with advantage. It is only necessary to bear in mind its unfavourable action on the bowels,* and its occasional deleterious effects in certain constitutions.

Dr. Spurzheim acknowledges, with every candid practitioner, who is willing to sacrifice private interest to truth, that our ignorance of insanity, and more especially of the idiopathic form of it, is too lamentable not to excite our utmost diligence of investigation. The whole countenance and extraordinary energy displayed by the furious maniac frequently tend to indicate some preternatural excitement in the circulation of the brain; but experience will still satisfy us that neither the increased flow of blood, nor the greater activity

* Although I may be thought to have expressed too high an opinion of the efficacy and importance of opium as a *narcotic* in certain stages of insanity, yet in candour I should feel authorized to state, that in the practice of a friend, an eminent physician of experience, who has given opium a fair trial in some desperate cases of insanity, it has eventually exasperated many of the symptoms, and in other instances produced no salutary change whatever. I am, upon the whole, far more attached to the use of other sedative medicines, which appear to act more specifically on the nervous system, without increasing arterial excitement, or suspending the various secretions connected with the healthy state of the digestive organs. Dr. Knight by no means condemns the use of opiates, and Dr. Hallaran has remarked that under certain data, an opiate will be found of infinite utility, though for the most part it is the most objectionable of anodynes.—See his *Work*, page 56.

of the blood-vessels, are alone the cause of insanity, nor are we always justified in ascribing these symptoms to inflammation. It is too common an error in practice to regard violent delirium and fury as unequivocal signs of the inflammatory state of the brain. They frequently accompany a state of congestion, arising from a want of healthy tone of the vessels, at the same time we perceive that every thing under the head of stimuli, which is capable of determining to the head, increases the disease, either physical or mental stimuli. The state of the pulse, the increased temperature of the skin, the white tongue, and suffused appearance of the tenica conjuncture; but more particularly the tense throbbing of the carotid or temporal arteries will often indicate the necessity of general and local bleeding. Dr. Hallaran has pointed out these phenomena as urgent and unequivocal indications of the necessity of bleeding, not only to subdue the violence of the paroxysms, but to ensure the safety of the patient. By one or two liberal bleedings, frequently by topical bleedings, together with active aperients and a lowering diet, we shall frequently have it in our power to obviate the danger of future chronic inflammation, which is more to be dreaded, if possible, than acute inflammation.

In Dr. Prichard's work on Nervous Diseases a striking case is related, where the symptoms amounted to phrenitis, but where the baneful

effects of too copious an abstraction of blood were strongly marked. The most powerful purgatives were given without effect, and six grains of tartrate of antimony hardly operated. Blisters and other stimuli, together with opiates, were afterwards employed but were of no avail, and the patient sunk into a state of stupor in which he expired. This was a case of enteric mania, and after death the inner membrane of the stomach and intestines was discovered to be considerably inflamed; there was also sufficient evidence of previous increased action in the brain and its proper membranes. We have another example from the same authority, where the indications in favour of bleeding were not so forcible, but yet where the utmost degree of universal relaxation followed the loss of blood from the temporal artery, and sleep ensued. The bleeding in this instance was employed after copious purging had been obtained, and the mouth had displayed signs of mercurial affection. The constitution of this individual was feeble, but the temporal and carotid arteries pulsated in a very inordinate degree, and a diarrhœa afterwards appeared salutary.

Next in importance to depletion by the lancet, we may calculate the depressing powers of saline purgatives combined with pulvis jalapii, which should be repeated every two or three days,

while the topical symptoms of vascular excitement remain. The head should be universally shaved, and water cooled many degrees below its natural standard should be freely applied to it. Vinegar might be subjoined, or the muriate of ammonia, in the proportion of half an ounce to a quart of water. Vitriolic æther is also a good application, as conducing to a quick evaporation, and consequent sense of coldness. Every thing that is likely to irritate must be sedulously avoided. The room should be darkened, and no stranger allowed, beyond the necessary attendants. Blisters in the first instance would only add to the irritation, either behind the ears or to the scalp, and they are of subordinate rank; they are more useful in the low or passive state of the disease.

In determining upon the abstraction of blood, although we might wish to make a selection of the temporal artery or external jugular vein, yet the consideration of the unmanageable state of the patient, and the consequent difficulty of restraining the hæmorrhage, would rather operate in leading us to prefer cupping the scalp, where bleeding from the arm has been premised. Such is the insidious nature of chronic inflammation of the brain, from its offering no evidence of pain, that it will often exist under circumstances of external appearance that would scarcely arrest our observation. The same absence of pain is

remarkable in the acute stage, where, however, the constitutional and local phenomena widely differ. We are to be prepared, however, for every gradation of acute and passive suffering, and for endless manifestations of discordant symptoms.

Mons. Pinel has alluded to a matter of practical experience, which no English writer on this subject has so strongly specified, and which from such high authority is entitled to our notice. His observation is, "that paroxysms of insanity, which continue with more or less violence during the whole summer and the greatest part of the autumn, seldom fail to induce a considerable degree of exhaustion. A state of gloomy moroseness with profound melancholy, a general sense of lassitude, and the utmost confusion of ideas, succeed to the high and active state of excitement previously developed. His looks are altered and his pulse is feeble and depressed. It now becomes the duty of the superintendant to redouble his vigilance. Where the weather is intensely cold, adventitious covering must be supplied. Cordials and tonics are strongly indicated. Should this sudden change of symptoms escape the attention of those about him, the consequences may be fatal before the dawn of morning." Every laudable exertion is made at the Bicetre to obviate these occurrences, by the appointment of vigilant servants, who are

deputed to inspect the state of these unfortunate beings at different hours of the night, especially in the winter season.

The proofs of inflammatory action, where a quick succession of severe paroxysms of the disease have destroyed the patient, are manifested by considerable vascularity of the serous membranes and simple effusion of lymph, with partial condensation of the dura or pia mater, but these examples are more commonly traced after the long continued chronic form of the disease, and where the remissions have been very transient. Very rarely do we discover the marks of phlegmonous inflammation, the extravasation of coagulating lymph, or the formation of pus. Where the excitement in the high and active stage of the disease has denoted the probability of serous effusion, we need not wholly despair of the natural restoration of the organ, if the deposition has not proceeded too far, by the process of absorption of the redundant fluid, and we can scarcely doubt that in some of those who survive the active stage for a considerable term of years, that this process must have been effected.* Our anticipation of this physical change, induced by extraordinary

* In some cases of simple fatuity, accompanied with vertigo, the author has been strongly inclined to believe that effusion of lymph in the cavities of the brain was acting as an exciting cause in keeping up the disease.

and long continued determination to the brain, would justify our having recourse to small doses of digitalis and sedative medicines, with caution, though with some degree of confidence, whilst we are pursuing the debilitating means of cure. Small doses of digitalis, with hyoscyamus and antimonials, in my own practice, have been followed with decided advantages in quieting the system, in moderating the violence of paroxysms, and in reducing the strength of the powers of the circulation.

The late Dr. Withering was the first practitioner who introduced the use of digitalis in mental affections, and I am happy in being supported by the concurring testimony in its favour offered by Dr. Knight, in his *Observations on Mental Derangement*. He asserts “that he has *uniformly* found that this powerful drug exerted a beneficial effect in allaying the maniacal paroxysm, and reducing irritability exactly in the proportion as it reduced the pulse, *whatever might be the mental action*, whether gay or melancholy.” How far this eulogium in behalf of digitalis can be entitled to our implicit confidence is rather questionable, however this remark is followed up by the recital of various cases to corroborate its virtues.

In attesting its sedative effects, Dr. Knight, however, very properly observes, “that we shall find in practice, that under the influence of this

medicine the pulse *loses* in power but gains in velocity; and when this is the case he has always found that digitalis was exerting a baneful influence on the constitution:" and he earnestly submits this clinical observation to the vigilant attention of the junior practitioner. "For in some cases where we have yielded too much to its seducing virtues in lowering the pulse, when it has fallen from 120 to a moderate number, the patient will occasionally sink into oblivion." He has been in the habit of employing at regular intervals small doses of the tincture of digitalis, from five to eight drops three times a day with decided advantage, for a period of two or three months. Dr. Knight has likewise recorded "the most salutary effects of large doses of the extractum hyoscyami as a soporific, in doses of four or five grains every four or six hours, stating that in the course of his extensive practice he has never witnessed any unfavourable or injurious consequences to result from it." The same physician further observes of digitalis, "that a very moderate degree of caution will enable an experienced practitioner to exhibit it in the treatment of the insane, even should he be ignorant of the deceptive manner and language of patients of this class; the pulse will be a sure index." If this medicine however had been given at the time suggested by Dr. Withering, in the doses

since prescribed by his disciples, until nausea, vomiting, and vertigo had been the signals for diminishing the dose or suspending this medicine, Dr. Knight does not hesitate to add, that death must frequently have been the sequel of such practice. The safest and therefore the only justifiable mode of proceeding seems to be to administer no medicines to the insane, with the use of which we are not familiar, and that too only after being well versed in the peculiarities of the patient. This author considers the primitive action of digitalis to be that of a *stimulant*, although its further effects are indirectly sedative; he was unacquainted with this circumstance until he was taught by experience to appreciate its legitimate action. It deserves to be considered that the application of digitalis and other sedatives is more indicated at the beginning of insanity, excited by violent mental affections, as fear, grief, anger, &c. Sometimes opiates combined with antimony will be succeeded by very beneficial effects.

Allowing that want of natural sleep is merely a symptom of the disease, still, during the continuance of this function, all preternatural action receives a check, and so far from dreading the increased violence of a succeeding paroxysm by such a temporary calm, I have occasionally found a permanent improvement in the general symptoms, induced by a cautious administration of this

class of remedies, at least in the sympathetic forms of the disease. Where great irritability prevails with restlessness and extraordinary loquaciousness, without the concurrence of strong arterial excitement, I should be led to place the highest confidence in a combination of these sedatives, occasionally substituting the extractum papaveris albi with the hyoscyamus for the digitalis, combined with some antimonial preparation, interposing at stated intervals the pilula hydrargysi and an infusion of senna.

It behoves us not to overlook the intermediate class, between the two extremes, between the high and low characteristics of the disease already specified, which constitute a large portion of cases that demand our attention, although there is endless diversity as respects the peculiar character of the individual, the different modifications of violent perturbation, reserved cunning and deliberate propensity to mischief, independent of the exciting cause. We are not to anticipate vigorous action of the vessels of the brain in a great proportion of individuals, who still do not manifest the usual features of melancholy, nor are transported by their passions to extremes of fury. Dr. Willis has clearly stated, "that there are a variety of shades of the disorder, affecting both mind and body, from the high state, accompanied with violence and irritation, to the low state, in which

we observe an insuperable depression, accompanied too often with the propensity to suicide. Some of these are allied to the one and some to the other, and there are those which partake of both. An intimate acquaintance with the symptoms of these two extremes, and the effects of remedies applied to them, cannot fail to point out such means as may be serviceable in the intermediate states." Dr. Cullen has remarked, that in many cases of mania, the force of the animal functions depending always on the brain, is prodigiously increased, while the state of the vital functions of the heart and other important organs, is very little or not at all changed.

Upon the utility of *baths*, particularly the *tepid* and *shower bath*, Dr. Knight observes, "that the latter has been found to relieve head ache and great irritability in old cases of lunacy, when the skin is hot and dry; and that it may be advantageously used to allay the irritability and restlessness of sane epileptics; by its use he has frequently found the fit to be postponed. As to the tepid bath, at about 90° of Fahrenheit, it is found very grateful to almost all lunatics, and there are very few cases where it may not be advantageously used, at least once or twice a week." In promoting cleanliness, as well as a more healthy state of the skin, Dr. Knight considers it far preferable to the cold bath.

The next topic for investigation as a physical remedy, of which Dr. Knight expresses a very sanguine opinion as to its efficacy, is the *circular swing*. Its action is described in the following terms: "A patient subjected to its influence is speedily affected with giddiness and nausea, and the peristaltic motion of the alimentary canal seems to be excited to such a degree, that the patient vomits and passes fœces in rapid succession, together with increased urinary excretion. A case is related by this author, of a young female labouring under dyspeptic complaints during her lunacy, where it acted powerfully on the stomach, in enabling her to discharge its contents, and a speedy recovery followed. This remedy is extolled likewise in cases of obstinate constipation of the bowels. When patients are very unruly and afflicted with dyspeptic symptoms, it is said to be uniformly beneficial in a moral and physical view. A caution is given that the swing be not resorted to when the lunatic is in a furious state, as the increased excitement of the mind has been found to counteract its salutary effects. Dr. Knight's experience leads him to recommend the introduction of this machine into every asylum for lunatics, but he by no means encourages its use, without the concurrence or direction of the medical superintendant. Apprehensions have been expressed lest the circular swing should

induce apoplexy; but having attentively examined the sources of these fears, Dr. Knight considers them perfectly groundless. When giddiness is felt the stomach is speedily affected, and the pulse is lowered both in frequency and strength, a process not likely to favour its termination in sanguineous apoplexy. It is true the act of turning him will exasperate him still more if possible; he will struggle violently, and neither the stomach nor bowels be affected, at least for several minutes, if at all, and the visible blood vessels of the face and neck have become exceedingly turgid by the paroxysm of fury and exertion, but even in this case it is more than probable that arterial action is checked. The best time for its use is a little before retiring to rest for the night, as the unloading of the alimentary canal, the lowering of the pulse and the relaxation of the skin, very generally predispose to sound and refreshing sleep."—*Vide Knight's Observations, pages 62, 63.*

Where insanity attaches to the female sex, the state of their periodical secretions ought to influence our treatment, and torpor of the bowels must be obviated by aloetic cathartics combined with occasional doses of calomel.

The natural hæmorrhages that occur at the middle period of life are often salutary and more efficacious in checking this disease, than any artificial mode of taking away blood, except the

application of leeches to the rectum in hæmorrhoidal cases; for this reason, that class of aperient medicines that determine to the vessels of the rectum, are frequently known to induce very favourable changes in the state of mental derangement, and an attack of simple diarrhœa will often be succeeded by a salutary result.

Previous to treating on the sympathetic form of insanity, the cure of which I shall illustrate by a few pertinent examples, I would wish to transcribe a very remarkable instance of the universal deprivation of intellect from a strong mental cause, which tends to establish a complete proof of the suspension or abstraction of the mind under insanity for a long period of time, without any justifiable suspicion of physical derangement or disorganization. It was communicated by Dr. Rush of Philadelphia, and occurred at the Lunatic Asylum at York, in Great Britain, in October, 1778. The subject of it was a seafaring man, about forty years of age, and recommended to this asylum for cure. The only assignable cause for it is stated to have been some extraordinary loss at sea. On his first admission he was found to be in a state of insensibility, expressing no desire for food, and was fed as an infant for six weeks. Diet and medicine were equally indifferent to him. As soon as he was dressed by his attendants he was motionless as a statue, with an inclination

of his eyes and body to the ground. He appeared destitute of the smallest reflection, and in this state of insensibility he remained with little variation for nearly five years. But after the lapse of this period a sudden indication of intellect manifested itself, and he who was a complete automaton before, could now meet the other convalescent patients with the usual forms of salutation, and soon afterwards expressed his gratitude to all who had paid him unremitting attention, of which he observed he was duly sensible some weeks before, but had not till then the resolution or power to communicate. In a very short time after this important change he was allowed to dictate a letter to his wife, which was couched in very decent and appropriate language. He now hailed the salubrity of the open air, and in his walks conversed with freedom and serenity. On addressing him to ascertain the state of his feelings, during so long a suspension of reason, he said that his mind was totally lost, but that about two months before his return to himself he began to have thoughts and sensations, these however only served to convey to him fresh fears and apprehensions, especially in the night time. As for his medical treatment, so far from its furnishing us with any inference of its being instrumental in promoting the cure, we are merely told, that instead of that class of medicines usually prescribed

for melancholic persons, cordials and generous diet were constantly recommended. It can hardly be questioned that nature was the principal physician, and the individual was discharged in the full enjoyment of his rational faculties, and enabled to take the command of a ship in the Baltic trade.

The preceding case is quoted by Dr. Spurzheim in his work on Insanity, although it by no means tends to support the opinion which he boldly asserts, "that the proximate cause of this disease is universally *corporeal*, and resides in the brain," and he admits in other passages of his work, that nature often cures the patient. In the example here recited, we find an active intelligent Being suddenly transformed to a mere automaton, without the power of expression, or locomotion, from mental agitation; the bodily functions regular, though diet was forced upon him, without any apparent manifestation of the natural connection of the mind with the body, or that of the senses to admit of any intercourse with the external world, for a very long interval. The medical treatment is dispatched in a few words. His intellects were reduced to as low an ebb as those of the savage some years ago found in the forest of Hanover. Such a man would, as Montesquieu expresses it, feel nothing in himself at first but impotency and weakness; his fears and

apprehensions would be excessive on the first dawn of reason.

A case, succeeded by a similar result, is recorded of a clergyman of New Jersey, in America, who was suddenly deprived of his memory at the age of nineteen, from a fever, which induced such a degree of lethargy that he was suspected to be dead for some days. Although he had made great progress in classical acquirements, he was obliged to begin his grammar again. Some weeks after his recovery, while in the act of repeating the grammar rules, he suddenly stopped and told his master that his knowledge was returned, and he became afterwards as well as usual. In this instance, not only memory, but all the power of association of ideas and other leading faculties must have been lost, or at least suspended. The explanation of these cases receives no shadow of illustration from common physical causes, except we are at liberty to ascribe the abolition of the intellectual faculties in the latter case to the morbid effects induced by the fever. If this is conceded, how can we account for the sudden irradiation of intellect, without the intervention of some corporeal change or agent?

Dr. Bardsley has, through the medium of the Edinburgh Medical and Surgical Journal, favoured the public with an interesting paper, derived from a series of observations made in the Hospital

Salpetriere at Paris. At this institution the classification of the patients, and the regularity and discipline enforced, would strike any humane and intelligent person; but every thing is stated to be conducted almost exclusively on the system of moral treatment. Nature is here allowed to supersede the use of medicine. The cases he has selected, that underwent examination after death, are calculated to shew great diversity of mental aberration, succeeded by very dissimilar morbid appearances, and in two instances by proofs of a sound and healthy state of the brain. In the first case recorded, to shew the absence of morbid structure, the individual was a female, only sixteen years of age, insane only on one point. She fancied herself a daughter of the late King of France, and treated all her attendants with an hauteur which her supposed rank seemed to authorize; and she evinced considerable knowledge on several literary subjects, to which her attention had been directed in the course of a previous liberal education. Her general health had for some time suffered from great irregularity of the catamenia, and she died from a severe attack of peripneumony. No morbid appearances, whatever occurred in the brain, but merely the manifestation of active inflammation in the chest.

In the other instance of insanity the patient was fifty-one, and had long suffered under mental

alienation. The character of the disease at first was furious and vengeful, but for the last few years it had been succeeded by a state of profound melancholy and panophobia. This individual could not be prevailed upon, either by the most urgent entreaties or powerful threats, to utter a single word. In this state she remained until her death, which seemed to proceed rather from a gradual decay of the constitution, than derangement of any particular organ. The brain was merely stated to be somewhat firmer than usual, but in every other respect it was quite healthy. There was no evidence of disorganization in any structure of the body, but simply a greater degree of vascularity than usual in the mucous membrane of the small intestines.

The first of these cases tends to shew incontrovertibly, that mental derangement may exist without any decisive proof of cerebral disorganization, whilst it proves that another important organ of animal life, under the influence of the usual characteristic symptoms of inflammation, shall not escape without the most extensive effects of morbid derangement; and there was no connection whatever between the symptoms, although we are not told whether those of insanity displayed themselves as usual during the continuance of the pulmonary complaint.*

* I have seen cases in Bethlem Hospital where the symp-

As marks of alteration of the organic structure of the brain were evinced in four of the other cases related by Dr. Bardsley, although in one of them the only morbid appearance was an unusual size and hardness of the pineal gland, he very properly asks how far the derangement of mind could be ascribed in *these* cases to the disorganization, whilst the cause of the mental affections in the other two receives no such confirmation? He considers that the want of uniformity in the parts of the brain which are found diseased in particular mental affections, is one great cause of the obscurity in which the pathology of mania is at present enveloped.

The principal, though not the only morbid appearances detailed in Dr. Haslam's cases, where the utmost variety of mental hallucination and discordant symptoms are enumerated, although he has been more sparing in the communication of corporeal disturbance, are found to attach to the dura mater and proper coverings of the brain, independent of more or less accumulation of serum in the ventricles, and various degrees of increased vascularity of the plexus choroides. We find little or no proof of any *special* organ out of tune, agreeable to Dr. Spurzheim's hypo-

toms of mania were evidently suppressed during the later stage of pulmonic affections.

thesis, but the only manifestations of disease residing in the more ignoble coverings.

Although impressed with a strong conviction of the ambiguity of the physical causes of insanity, as attached to the brain, yet I am not less aware of the importance of watching the earliest indications of bodily sympathy.* Nor can I consent with any writer in undervaluing the resources of morbid anatomy, merely because we have not yet attained that precise knowledge of the connection between these ulterior changes of structure and the mental aberration, which future penetration may unravel.

In attaching so much greater interest to the morbid state of the nerves, which Dr. F. Willis has expatiated upon in different parts of his work, which I believe may safely challenge the nicest scrutiny of the most profound anatomist, he appears to have diverted his attention from the most important source which might be expected to reflect any solid information on the subject, although it is very true “that a multiplicity of

* An interesting case of the alternation of an herpetic eruption upon the back and shoulder of a subject, under the influence of profound melancholy, who was ultimately cured by the introduction of a seton in the nape of the neck, together with liberal exercise, sea bathing, and a tonic regimen, is recorded by Dr. Ferriar in the first volume of his *Medical Histories and Reflections*, &c. page 177.

dissections, shewing turgid blood-vessels, water effused into the ventricles of the brain, and thickening of its membranes, may be found every day in the brains of those who never were insane."

The chief point, in a practical sense, which must actuate our treatment and direct our prognostic, is, that in cases of organic alteration of the substance or investing membranes of the brain, we cannot reasonably expect to derive much benefit from medicine; but still the evidence of its existence may be so obscure, or may rest so much on mere presumption, that we should not be justified in withholding every shadow of relief, both by medical and moral means, that humanity, experience, and skill can dictate, to increase if possible the comforts of those who are out of the reach of a permanent cure.

The sympathetic form of insanity may originate from various sources of functional disturbance, or it may occur where some latent predisposition would favour it, from repelled cutaneous eruption by metastasis, or from the irritation consequent to parturition; but the most usual source of sympathetic derangement would appear to be that of the digestive organs. The insanity resulting from the two last mentioned sources partakes more of the general character of delirium, and yields with more or less facility, as our treatment is directed to the primary affection.

Of the different cutaneous disorders, erysipelas seems to exhibit the greatest influence in giving rise to temporary insanity, and this inflammation is known very frequently to be associated with hepatic functional derangement, and occasionally to induce mania in its most acute shape. The patient is sometimes exhausted from want of sleep, before any maniacal paroxysm ensues, and the febrile irritation is very considerable; the pulse is much accelerated, and the tongue either generally or partially covered with a brownish incrustation. Our principal dependence is on aperients, the saline class, with occasional doses of hydrargyrus submuriatus, and antimonial powder. The patient should be kept in bed, and the temperature of the room should not be allowed to descend below 60° or 65°. Together with frequent repetitions of mercurial cathartics in the early stage of the disease, sudorifics should be employed per diem, and all repellent applications should be strictly avoided. The state of the eruption should be diligently watched, as the cerebral excitement is mostly observed to undergo considerable remission whilst the cutaneous affection prevails, and a relapse of the maniacal symptoms may be anticipated where it suddenly disappears. Sometimes the patient becomes comatose after the restlessness has abated, and a sort of muttering delirium supervenes; this change in

the appearance of the disease occasionally denotes effusion within the brain, and is a formidable symptom. It is often expedient to invite the return of the cutaneous eruption by counter-irritants, by a large blister between the scapulæ, and sometimes to the whole scalp, having previously abstracted blood by cupping. Although the regular action of the bowels and the improvement of the hepatic function are indispensibly requisite, still recourse must not be had to too frequent or strong drastic aperients, as considerable exhaustion is found to accompany the latter stage of the disease, upon the retrocession of the eruption, sometimes indicating the use of wine and gentle tonics.

In delicate subjects the *pilula hydrargyri*, in doses of five or six grains, with two or three grains of *extractum hyoscyami*, will supersede the more active mercurial alteratives; and as the febrile irritation with the derangement of the chylopoietic viscera subside, the bitter infusion combined with that of rhubarb and carbonate of soda, may be advantageously employed three or four times a day. The diet must correspond with the usual medical indications.

Of the medical advantages of the *pilula hydrargyri*, as an alterative in the cure of insanity, Dr. Knight is inclined to decide favourably. His statement under this article is, "that in a very great number of instances in which he has used it in old cases, (for he seems to doubt of its expe-

diency in recent affections) he has *never* witnessed a bad effect, but on the contrary, there is not a solitary instance where this medicine has not been of some benefit, and many cases where the recovery was chiefly if not wholly attributable to it." He has generally combined it with the carbonate of soda, digitalis, or calumbo, according as the corporeal ailments seemed to require these remedial means. This author is desirous of rousing the attention of medical men to the subject of these active remedies, because the exhibition of opium and mercury as auxiliaries in the cure of the insane is of far too great moment to be laid aside, merely because the authority of great names is against them. Independence in the practice of physic is as essential to excellence as in any other pursuit, where the mind of man is called upon to make its "way through a devious and obscure path."

Those who have superintended the progress of maniacal affections, will agree with Dr. Knight on the impossibility of relying implicitly on the accounts which the insane will communicate of symptoms of great urgency. "They will describe sensations they perceive not, and deny sensations that are obviously acting powerfully on them: this, he says, has led him to be extremely cautious in the exhibition of new and powerful remedies, such as colchicum or the hydrocyanic acid."

Where the cutaneous affection is judiciously

and carefully attended to, the maniacal symptoms will generally be kept in check, or terminate in a favourable crisis; but should they recur from the premature and incautious exposure of the patient to the chances of cold, or from too abrupt a transition to greater freedom of diet, recourse must be had to a repetition of active mercurial cathartics, followed up by saline aperients, and five or six grains of antimonial powder with three grains of the extractum hyosciami in the evening, as well as to a repetition of the blisters.

Where insanity occurs during the latter period of utero-gestation, the time of delivery must be eagerly anticipated, and the treatment of the constitutional symptoms cannot be otherwise than palliative. Its approach is manifested in some females by unusual sensibility of mind, and by a singular train of feelings, sometimes of an opposite nature, by greater irritability of temper, and considerable irascibility, and the utmost caprice. Bleeding will often moderate if not suspend the maniacal symptoms, and brisk aperients should be directed at short intervals. Where the stomach sympathizes much, it is to be tranquillized by the simple saline draught in the effervescing state, or some mild bitter with the infusum rosæ. In temporary cases of this species of insanity, there is reason to hope that the disease will cease, when the sources of corporeal excitement are diminished.

Insanity supervening to delivery is much more

formidable, and frequently more stationary. The cerebral excitement often borders on delirium, accompanied with a preternatural determination of blood to the head and symptomatic fever; great muscular energy is often displayed, together with considerable degree of raving, and a frequent loss of the usual delicacy of the sex. Where it is preceded by any mental shock or cause of disquietude, it often becomes a very unmanageable disease, indicating the necessity of early temporary restraint, though blended with the most scrupulous tenderness of conduct on the part of the attendants. When it commences with the early period of the secretion of milk, every precaution must be taken to guard against too great turgescency of the breasts, which should be regularly drawn three or four times a day; it is seldom that the office of suckling can be encouraged, as the feelings of the parent are only casually directed to her offspring. In some instances the secretion is suspended altogether, and these precautions will be superseded. The child, however, should be brought frequently to the mother, and applied to the breast, even if she at first resists it; for sometimes, by a little perseverance, some degree of maternal affection is revived, and even mitigates the maniacal symptoms. The utmost quietude is here indispensable, and no intrusion of curious or officious spectators should be allowed; even the nearest relatives of the individual will be found

to agitate the patient more than the society of a stranger. The room should be kept cool and no glare of light admitted, and every thing calculated in the remotest degree to awaken the patient's feelings should be withdrawn. As a suppression of the lochia is a very common precursory symptom, warm fomentations of the *folia absinthii* and *flores anthemidis*, with occasional *pediluvia* will be of some avail, in conjunction with internal remedies. The principal part of the treatment to be depended upon, is the early application of leeches to the hypogastric region, and to the temples, or bleeding from the system at large, where the pulse denotes unusual strength or fulness. This part of the treatment should be succeeded by active aperient medicines, the class of which must be submitted to the discretion and judgment of the practitioner. The common saline mixture should be employed during the day, as often as circumstances may require; and sedatives, consisting of three or four grains of the *extractum hyoscyami*, and the same or a less quantity of the *extractum papaveris*, with James's powder, should be administered at night. Occasionally the hip bath, suggested by the late Dr. Clarke, will be found highly serviceable in promoting a return of the lochia, and after the removal of the more acute febrile symptoms, a light chalybeate with *aqua pulegii* should be exhibited two or three times a day.

Although the cause of this modification of insanity might at first be strictly sympathetic, still where there is any hereditary predisposition to mental alienation, the functional disturbance of the uterine system may be apparently tranquil, while the cerebral excitement may prevail, and defy the most unremitting and discriminative exertions of the medical attendant. On some occasions indeed the insanity becomes confirmed, and remains independent of the primitive remote organic derangement, or it terminates fatally. Where we are so fortunate as to witness the approaching convalescence of the patient, change of scene and sea-bathing have been found to moderate the maniacal symptoms in an eminent degree, and to expedite the cure, care being taken not to harass the patient's attention too prematurely with domestic affairs, but giving regular encouragement at stated intervals to some light and easy manual employment, or engaging mental pursuit.

The remaining source of sympathetic derangement connected with insanity, respects the functions of the digestive organs. The stomach and neighbouring viscera sympathize universally with the whole system, and with the brain in particular. We find in hypochondriac affections the hepatic function to be generally disturbed, and in proportion to the intensity of cerebral excitement will the primitive affection diminish, as to be so far

involved in the mental derangement as to be liable to mislead the practitioner, and divert his attention from the original malady.

The morbid functions of the digestive organs are more peculiar to the melancholic form of insanity, but they are found to influence very materially the progress of the active maniacal symptoms, which I shall illustrate by examples. Mr. Abernethy has well described the complication of morbid sympathies from the action of remote causes in the sensorium, by a reflected operation, even where they do not generate insanity; but we can easily conceive that in proportion to the permanence of disorder in the chylopoietic viscera, where a predisposition to mental alienation exists, that the functions of organic life will reciprocally exert more or less influence on those of the brain.

The following cases which I shall now communicate, were those of sympathetic insanity from deranged function of the digestive organs. The first subject was a man about thirty years of age, of rather delicate stature, of a darkish complexion, and previous to his admission into a provincial infirmary, was much debilitated from confinement in St. Bartholomew's Hospital, under cure for a diseased leg. The maniacal symptoms had occurred only three or four days previous to my first visit, and the remote cause of this affliction, independent of disordered primæ viæ, was per-

fectly unintelligible. There was considerable suffusion of the tunica conjunctiva of the eyes, and at intervals he betrayed strong proofs of violence. His pulse was rapid but the skin was not remarkably hot, and upon the whole he manifested great prostration of strength. He was incessantly talking incoherently, but did not appear irascible, nor did he discover any peculiar illusion of thought. The tongue for the first fortnight was partially covered with a brownish fur, which disappeared gradually at the edges. The bowels at first were constipated, and his urine was voided involuntarily. In his more tranquil moments the patient could impart no information of his feelings, but when questioned would make some vague or inconsistent reply, with a vacant smile. He enjoyed no sleep for the first ten or twelve days. The remedies prescribed consisted of mercurial cathartics, repeated every alternate day for the space of ten or twelve days, with the common saline mixture at intervals. The cathartic medicine administered was composed of four grains of the submuriate of mercury and a scruple of pulvis jalapii; at other times a scruple of the pil gambogiæ composita with a dose of infusion of senna. For some days the evacuations were dark, highly discoloured, and offensive. The violence and perturbation of his conduct during the early stage of his complaint

rendered the straight-waistcoat indispensable, which evidently allayed his sufferings and encouraged perspiration.. The head was shaved, and cold ablutions applied frequently, consisting of equal parts vinegar and water; still he was very loquacious. In the course of three weeks from the commencement of the attack a spontaneous diarrhœa supervened, which was not noticed at first, and he had no controul over his evacuations for several days. Probably the continued restraint which was necessarily employed to prevent the patient getting out of bed, might have some share in keeping up this involuntary action. While the purgative treatment was pursued, considerable relief was derived from the exhibition of small doses of digitalis and hyoscyamus, combined with the saline mixture. The pulse was evidently lowered, some tranquillity of the cerebral functions ensued, and a degree of sleep was obtained. The room was mostly darkened and visitors at all times excluded, and as the functions of the digestive organs improved, and other functions were restored, the patient was allowed a proper share of liberty, and leave to enjoy exercise in the open air, without the slightest relapse of mental alienation. The general debility which had resulted from confinement in bed, and the necessary means of depletion, was removed by slight cordials and bitters, together with a more liberal diet. As his

intellects returned he was capable of tracing the remembrance of what had passed in the hospital where he had been confined in town, and he thought that his latest transactions resembled a dream. It appeared that for six or eight weeks he had been confined to his bed with irregular rheumatic pains in his limbs, added to which, he was troubled with an ulcer in one leg, which had distressed him for four or five years, but his mind never betrayed any mark of derangement until the period of my attendance, which commenced in the middle of June, 1822, until his final recovery towards the end of July following. It ought to be mentioned, that in an adjoining bed in St. Bartholomew's Hospital, was a patient labouring under fever, with erysipelas of the face and a considerable degree of delirium, which terminated fatally. This patient had been treated as a lunatic for two or three weeks, and was occasionally subjected to the usual means of restraint.

The particulars of the following case, which occurred in the spring of the year 1821, were more complicated, though equally illustrative of the important share which the corporeal functions evinced, in producing a gradual accession of mental derangement. In this instance the patient had the misfortune to share in this partial attack of nervous imbecility of mind, bordering on mania, with other branches of her family, in whom the

insanity was more strongly marked. The subject was a female about forty-five years of age, of strong natural sense, and of an amiable and benevolent disposition. She had sustained an attack of mental derangement at an earlier period of life, which was then more permanent and intractable. The precursory symptoms on this occasion were those of great agitation and incoherence of thought and expression, restlessness of position, and great volubility of speech, but very methodical in her answers to any leading questions of her bodily health, and anxious to avoid the imputation of the slightest mental derangement. She had encountered a considerable share of domestic distress, which had contributed to impair her health many days before I had visited her, and I found her labouring under various dyspeptic symptoms, with an accelerated pulse and increased febrile heat, a white tongue, and a very variable state of the bowels, accompanied with scarcely any regular enjoyment of sleep. It is unnecessary to communicate a diary of the case; suffice it to observe, that the medical means pursued consisted of small doses of sulphate of magnesia, repeated every five or six hours, and with a view of inducing some degree of quietude at night, three grains of the extract of hyoscyamus and two grains of the extract of poppy, with four grains of antimonial powder, were exhibited for

several nights in succession. No violence was manifested in any stage of the disease, nor the slightest reproach offered to her attendants, or the least violation of moral decorum; on the contrary, she displayed a state of apparently cool reflection, and the strictest compliance with every part of the regimen enjoined. The patient was constantly attended in her own house, and for the first fortnight, or nearly three weeks, no intruding visitors were allowed, a precaution so difficult to enforce in a private dwelling, but she was restricted to her own chamber. In the early part of the disease much nausea was complained of, and a copious secretion of viscid mucus about the fauces. Having some presentiment of her bilious predisposition, she was anxious to take an emetic, consisting of a grain and half of tartrite of antimony and fifteen grains of ipecacuanha. After the completion of its operation, a draught was administered of one drachm of Hoffman's æther and ten drops of the liquor opii sedativus in mint water. The following day six grains of pilula hydrargyri was given at bed time, and ten grains of carbonate of soda were administered in an ounce and half of infusum gentianæ every six hours. Some tumefaction was observed at the angle of the lower jaw, which was preceded by erysipelas on one side of the face and forehead. She was wholly confined to her bed, but the irritable

state of her mind had now considerably abated. The erysipelatous affection completely engrossed her attention, and her sleep was less sound than it had been during the four las preceding nights. Her pulse varied from 110 to 120, with increased heat of the skin, and the tongue was invested with a brownish incrustation. The bowels were now more freely acted upon by several doses of calomel and antimonial powder, with occasional doses of sulphate of magnesia and infusion of senna. During the remainder of the day the saline draught was administered. Blisters were applied behind the ears and to the nape of the neck in succession; and after the erysipelas had expended itself on one side of the face the other side became similarly affected, but during the time the erysipelas continued, the aberration of mind and mental irritability were sensibly diminished. The hyoscyamus was continued with the saline medicines, and her sleep became more refreshing as the topical inflammation subsided. After a further interval of four or five days, a recurrence of bilious symptoms reproduced a fresh attack of erysipelas, and to preclude the chance of any subsequent relapse, her head was shaved, and a blister applied to nearly its whole surface. The irritation it excited was very considerable, and after it had healed, cold ablutions of vinegar and water were frequently employed,

and the erysipelas left the face with very little desquamation of the cuticle. During the action of the blister the patient enjoyed but little sleep, and complained frequently of syncope and nervous irritation, which were relieved by the volatile alkali and æther in camphor mixture. The bowels were occasionally torpid and the urine was generally high coloured, but the pulse abated in frequency, and the tongue resumed a more healthy appearance. The sulphate of magnesia was administered in the bitter infusion thrice a day, and a little broth and weak wine and water were allowed. While the erysipelas was at its height I had frequent reason to dread the approach of delirium, but by saline medicines and gentle sedatives, strict confinement to her room, and the recumbent position, every untoward symptom gave way, and at the end of six weeks such a degree of convalescence was manifest in the mental and bodily functions, as superseded the further aid of medicine, and the patient was gradually restored to her domestic circle, and permitted to enjoy a full share of exercise and amusement in the garden. For several weeks this patient betrayed an eccentricity of manner, and some degree of incoherence in her speech and conduct, but at other times shewed a degree of firmness and perseverance in what she was anxious to communicate, and the most indignant feeling at the slightest insinuation

of mental derangement. The circumstances of this case viewed in conjunction with the dyspeptic symptoms and natural irritability of the system, would lead one to pronounce it an instance of partial insanity. There was no irascibility or perversion of moral feeling, nor marked antipathy to the nearest ties of consanguinity, but a more perfect state of consciousness than is commonly remarked.

We are at liberty to conclude that the mental affection was kept in check, and prevented from amounting to a more unequivocal state of insanity, by the attention which was uniformly directed to the digestive organs, and by the supervention of erysipelas. There was sufficient evidence that a considerable degree of sleep, the great desideratum in these cases, was attained through the medium of the hyoscyamus and extract of poppy with antimonials, although in this instance the maniacal exertion was comparatively trifling. In neither of the foregoing cases did the urgency of the symptoms authorize topical or general bleeding; but the reciprocal improvement of the intellectual functions kept pace with the corresponding melioration in the state of the digestive organs, through the agency of mercurial and saline medicines.

The following case was marked by strong characteristic features of mania for ten or twelve days, accompanied with febrile symptoms, extreme

heat of the skin, pulse 100 but weak, the tongue invested with a thick yellowish fur, and the eyes particularly wild, but the countenance not flushed. The subject was a girl, sixteen years of age, of a thin spare habit, of dark complexion, and diminutive stature. For some months she was said to be addicted to very dissipated and immoral habits, and the catamenia had only appeared once from the earliest period of puberty. Previous to her admission into a provincial establishment she had been attended by a neighbouring practitioner, who administered the usual course of medicines for her feverish symptoms, but she had undergone no personal restraint, and while she was under her parents roof she became ungovernable. I could obtain but very scanty information of the origin of the maniacal symptoms, but when I saw her, the bowels were very constipated, and she was scarcely able to take the smallest quantity of any kind of nourishment, nor could she render herself at all intelligible during the period of her derangement. While at home she conducted herself with great violence occasionally, and repeatedly threatened to set fire to the house. She was strongly bent on mischief, and amongst other incongruous notions fancied herself pregnant. On her first admission she manifested great irregularity of deportment, and made several fruitless attempts to escape out at the window. The

straight-waistcoat was applied and was attended with obvious advantage, and two of the compound gamboge pills, with four grains of calomel and half an ounce of sulphate of magnesia were administered, and acted copiously. After their operation three table spoonsful of the following mixture were exhibited every five hours.

Tinct. Hyoscyami glb. xxxx

Vin Antimon. Tartar, ʒj

Mixture Camphoræ

Aq. Menth Sativa aa ʒiijss M. ft. mistura.

For several nights previous to her admission she had no natural rest, and was perpetually talkative, but was now more composed. The following day it was reported that she had two convulsive fits resembling epilepsy, although she had never evinced any symptom of this kind before. The following pill was prescribed for a limited period every night.

Pulv. fol digitalis, gr. iss

Extract Hyoscyami, gr. iij.

Calom, ppt. gr. ij. f. pilula.

The next day she experienced another fit of shorter duration succeeded by syncope, but was much more composed during that night. After a week's perseverance in this treatment she was able to articulate indistinctly, but sufficiently plain to point out the seat of her diseased feelings.

The reference was made to her head and chest; eight leeches were applied to the forehead and a blister to the scrobiculus cordis. The purgative pill and salts were occasionally repeated, and the mixture before alluded to was continued. Her nights were since much more comfortable, and regular tranquillity ensued without any propensity to become refractory. The tongue and countenance had resumed a more natural and healthy aspect, and the pulse though feeble was less frequent. There was never any indication to justify general bleeding, and she was the only individual of her family connections who had ever discovered any trace of mental derangement. After the termination of her maniacal symptoms, a pulmonic affection succeeded, though without pain or cough, and hectic fever hastened her dissolution.

I shall further trespass on the reader's attention by communicating the outlines of a case of mania, accompanied with hepatic disease, and hypochondriasis, which occurred in the early part of 1821. The subject of it was a gentleman about forty years of age, of tall athletic stature and fair complexion. He was a married man and the father of several fine and healthy children. One of his sisters died maniacal, and he has a brother who has been frequently attacked with protracted lowness of spirits and a singular train of hallucinations, and who naturally possesses a

very frivolous and imbecile mind. A slighter attack of hepatitis had formerly occurred, which did not then terminate in mania, but it was accompanied with an obstinate hypochondriac depression of spirits. The latter symptom predominated in the early stage of this attack, which was soon converted into a state of regular mania. Although I had not the care of the case, yet from the communications of his regular attendants there was no doubt a co-existence of the three affections, each of which was well marked, and notwithstanding his recovery at one period of the attack was despaired of, his general health was gradually restored, although for some months the mind and whole nervous system were implicated in the hepatic derangement. The only remote cause appeared to originate in an unusual share of fatigue from active employment, coupled with domestic disquietude, and a natural predisposition to lowness. The precursory symptoms were those of hepatitis, characterized by extreme universal irritation, with very short and irregular intervals of repose, and great excitement of the arterial system, a very torpid state of the alimentary canal, considerable pain and fullness of the right hypochondrium, and the tongue generally coated with a whitish fur. His feelings towards his wife, who paid him unremitting attention, and several of his attendants, were quite perverted,

and the maniacal paroxysms were accompanied occasionally with such vehemence of conduct as to subject him to the necessity of restraint for several weeks. As a remission of these symptoms occurred, the patient indulged in the most melancholy anticipations of the impossibility of his recovery, exhibiting alternately the most striking proofs of universal irritation or settled despondency.

The medical treatment of the acute symptoms consisted in repeated general and topical bleedings, by leeches, and cupping the side affected, and the blood mostly indicated strong marks of an inflammatory diathesis. A low diluting diet, and a quick succession of mercurial and other cathartics were interposed. As he was of a plethoric and sanguine temperament, the most powerful modes of depletion were pursued in the early part of the attack, and when the hepatitis had acquired a more chronic form, the unguent : hydrargyri fortius was rubbed into the right hypochondrium, and the pil hydrargyri with extractum conii and pulvis antimonialis, were administered twice a day, so as fairly to induce a complete mercurial action. The subordinate plan of treatment consisted of the common saline mixture during the early period of his illness, and afterwards the decoctum sarsæ in liberal doses three or four times a day. As soon as he had recruited his general strength to admit of travelling, although he still suffered some

degree of tenderness upon pressure about the great lobe of the liver, he was removed to Cheltenham, where he remained about two months under the discipline usually prescribed for hepatic and dyspeptic complaints. Fortunately he experienced no further recurrence of the maniacal symptoms for several months, and was manifestly improved in his appearance by the excursion, although he had not lost the depression of spirits, and was considerably emaciated. Abstemiousness was rigidly enjoined, and moderate exercise in the open air when the weather would admit; early hours of repose were strongly encouraged, and no thoughts of professional or other business suffered to engross his attention. The blue pill was not discontinued, but was given twice a week at bed time, and some gentle saline aperient the following morning. Animal food was in great measure interdicted, and every form of vinous beverage. After a lapse of six months, when he thought himself capable, and was anxious to employ some portion of his time in the prosecution of his usual occupations, having now reverted to his usual habits of living, though not being sufficiently recruited to engage in business, the maniacal symptoms returned with considerable violence, but the hepatic affection was not so strongly marked. How long, and under what other circumstances it manifested itself, I am

incompetent to state, as the individual had retired to a more secluded and rural situation on his return from Cheltenham. The stomach sympathized but little with the other organs affected, but the patient had the common pathognomonic symptom of pain in the shoulder, and the right lobe of the liver was always tender to the touch, and of greater amplitude than was natural. Like most hypochondriac sufferers, alive to every feeling and suspicion of danger, he was mostly in the habit of referring the bulk of his morbid sensations to the region of the liver. There was a considerable degree of dejected complacency in the character of his countenance, and the most striking propensities were those of pride and cunning. Dr. Prichard has written a short section on the nature of this peculiar modification of insanity, but observes, "that in his own practice, organic disease of the liver, or other large viscera, in conjunction with mania, has seldom occurred."*

Occasionally insanity assumes somewhat a regular intermittent form, the patient during the intermediate period behaving with composure, and manifesting but slight derangement. I am well acquainted with a striking example of this

* Vide Prichard's Work on Nervous Diseases, part I. page 340.

description in a man about thirty-five years of age, of a sullen and choleric cast, apparently in good health, who has laboured under the imputation of insanity nearly twenty years, whose only indisposition since the supervention of mania was an œdematous affection of the legs, and great general debility about ten years ago. The mental affliction was stated to arise in consequence of a long continued attack of low fever with delirium. When the symptoms recur his actions are decidedly maniacal in an instant, and he spends the day and night in vociferations or singing, and under the influence of this malady his craving for animal food is insatiable.

As a proof of the extreme and long continued violence which insane persons manifest, without betraying the slightest evidence of disease of the brain, or the body generally, one of the most striking examples is recorded in the Sketches of Bethlem, of J. B—r, admitted April, 1822. “This individual first conceived a passion for the stage, but was constrained by his friends to move in a quiet and humble commercial occupation. His ambition stimulated him to vie with the Kembles and Keans of the age, had he been allowed to follow his favourite pursuit. When first admitted he was tolerably quiet, and conceived Bethlem to be a royal theatre. He looked with eager attention to the other patients in the airing ground, whom

he considered to be employed in rehearsing their several parts. To specify all the parts he personated in the course of six months would be an arduous task. When the malady was at its height it was necessary to confine him in straw, but he slept very little at a time for a considerable period, so that nearly the whole of each night was consumed in threshing to chaff the straw he laid on. The notion that Bethlem was a large theatre always predominated, and that he had an unlimited number of parts to act. In spite of the incessant action of mind and body, which would have worn out the most robust health of a sane subject in half the time, his strength and vivacity continued undiminished, by the aid of a perpetual appetite for all the food he could procure. Never was insanity more impetuous, nor less abated by intervals of tranquillity. His whole frame was in violent and constant action, and his tongue never at rest day nor night, but during his short and unfrequent intervals of sleep. He had conceived the most violent antipathy against his wife, and in every speech or part he acted contrived to introduce her name in terms of abuse and execration. But there could not be a stronger instance of perversion of mind, for this afflicted partner, during his whole confinement, was incessant in her attentions, and managed his affairs with singular application and œconomy. As his malady

abated and reason resumed her seat, we are told that his gratitude and affection were redoubled. To abuse and execration succeeded affection, panegyric, and benediction, and he seemed to hail his recovery only as it would enable him to make her amends. After a lapse of six months he was discharged cured, and Dr. Munro observed that he would never despair, from the result of this man's case, of effecting the cure of the most obstinate case of insanity, though it had no connection with parturition."

I might here instance the case of periodical mania of Arthur Thorowgood, from the author of the Sketches. This individual was seldom sane above ten or twelve days together. While the symptoms are absent no one can behave better, but when he relapses he is extremely wild and unmanageable. What is singular, he appears to delight in restraint, and has been frequently known to request the keeper to put on the belt and handcuffs, for then he said, "he had free liberty to do what he pleased."

I shall now claim the reader's indulgence to give him a summary account of the conversion of the delirium of fever into a complete state of mental derangement. The attack of fever was almost instantaneous, and occurred in a female thirty years of age, about six or seven weeks after delivery. She is the mother of five or six children,

of florid complexion, and fair. At the time of the attack, a fever of the typhoid character was rather endemic. The early paroxysms were severe, and ushered in by violent delirium. At this period there was very little indication of vascular excitement of the brain, the pulse was not less than 120, and the eyes pale but expressive of great wildness; her loquacity was incessant, night and day, with little or no interval of sleep. The tongue was generally coated with a whitish fur, the heat of the skin considerable, and the urine clear and not high coloured. Leeches to the scalp and brisk purgatives were succeeded by saline and antimonial remedies, but without any alleviation of the delirium. She was perfectly unconscious of her own situation, as to her bodily wants, and of every one about her. Cold applications were liberally made to the head, and blisters in succession between the scapulæ. The symptoms characteristic of fever subsided in about a fortnight, the skin recovered its ordinary feel and functions, but the affection of the mind settled into a regular state of insanity,—she was extremely debilitated and emaciated. Her talkativeness was now, if possible, more remarkable, and without the smallest connection or leading idea. Occasionally she slept about two hours in the night, from the effects of an opiate combined with antimony, and many days she could not be

prevailed upon to swallow any sustenance. From having displayed the most perfect picture of health immediately before the attack of fever, she now exhibited a melancholy and squalid contrast, the pulse often quick, and fluttering for many hours ; sometimes these appearances were mingled with efforts of animation, and strong involuntary attempts at mischief. A week previous to her removal to a public asylum, (for it was found impossible to retain her any longer in the family) she took her food with some degree of eagerness and regularity, and on several occasions recurred imperfectly to domestic scenes of recollection, but her volubility of speech was unprecedented, and she frequently indulged in obscene expressions. Since her removal she is stated to have experienced once or twice some mitigation of derangement ; but after a period of five or six months was restored to perfect health.*

Dr. Spurzheim pledged himself to satisfy the

* This individual was gradually restored to reason about three weeks before her dismissal from the asylum, and during that interval expressed a strong wish for some manual occupation, which was provided for her. She expressed her astonishment when she first witnessed the scene around her, and indulged occasionally in tears, but acknowledged that she was not conscious of a single event from the first invasion of the delirium and subsequent maniacal affections, until her final recovery from the disease.

profession as to the reasons why insane people commonly do not live long, which was to have been pointed out under the moral treatment of the disease. However he is more anxious in giving directions, "that exact casts in plaister of of Paris should be taken from the heads of all those who discover partial hallucinations; of those, for example, who are insane from pride, vanity, religious impressions, or fear." Unfortunately for the deranged subjects, and those connected with them, we find that a great proportion of those who are deemed incurable arrive at a very advanced age, under every complication of abuse of treatment, or of lenity and indulgence.

Although my own experience will not supply any additional observations on the combination of mania with epilepsy, I should still be unwilling to overlook any important documents on this variety of the disease, and Dr. Knight has furnished us with some valuable hints. These cases have been hitherto regarded as hopeless and incurable, but, according to the sketches of Dr. Knight's journal, it appears that more than one, in seven have recovered. He regrets that he cannot confirm this evidence by the names of the individuals, nor by a minute detail of their treatment; he, therefore, submits the outline of the methods which were generally pursued. He mentions having freely used the *spiritus terebinthinæ* rec-

tificatus, as recommended by Dr. Edward Percival, with considerable advantage, the fits being often suspended from their usual periods of accession, and when returning, being less violent. “ Added to this, I have checked the circulation of the blood when necessary by digitalis, and aided the stomach and liver with carbonate of soda, pil hydrargyri, and calumbo, according to the indications of these medicines in ordinary practice. These have been administered in conjunction, or variously combined, for I have been long since satisfied, that much more can be effected by a skilful combination of various remedial means, than by the most judicious exhibition of an isolated remedy. Simplicity in prescription is a good way to *learn* the practice of physic, but it does not appear to me always the most certain method to attain our object. I have employed bleeding in small quantities, when the general health and appearance of the patient did not forbid, from four to six ounces from the arm, or, which is better, from the jugular vein, with uniformly good effect in shortening the duration of the fit, and in rendering it much less violent; but this bleeding should not be after the fit, nor during it, but immediately preceding it. The bowels should be always kept in an active state, but not purged.” In one case of epileptic lunacy, the memorandum of which is subjoined, the patient recovered during the use

of spiritus terebinth. rectific. ʒiij, and tinct. digitalis m. viij tir die sumend. The same remedies with a similar result is further added. This author concludes his remarks on mania combined with epilepsy, with the following observation. "I have frequently known the accession of an epileptic fit checked by various means, as by surprising a patient, or suddenly shaking him; but I cannot recommend the practice, as great irritability has uniformly succeeded, or a state approaching to dementia, and the general health of the epileptic has not been so good for a week or more after, or till a regular fit has supervened.*"

In concluding this Chapter, I would beg leave to state that the observation, which was made by the late Dr. Munro, under the head of medical treatment,† is calculated to shew the little confidence he entertained of any specific for the cure of mania; and his authority seems to have had its due share of influence on Dr. Haslam, so far as we are at liberty to come to a conclusion, on consulting this department of his work upon insanity. As to medicines, "there can be no particular directions; *all* that are proper in *other* distempers will be found of use in this, when applied with judgment." This is a conclusion wherein nothing is con-

* See Dr. Knight's Observations, pages 66 and 67.

† See his Remarks on Insanity, page 59.

cluded, but it is to be hoped that as other branches of medical science become susceptible of improvement, that the investigation of this subject will undergo a wider scrutiny, and that where we fail to eradicate the corporeal causes of it, the moral treatment of it may be established on a more unerring basis.

CHAPTER IV.

ON THE MORAL TREATMENT OR MANAGEMENT
OF THE DISEASE.

THE revolting extremes of cruelty and folly which marked the treatment of lunatics half a century ago, has happily been succeeded by a more patient attention to their wants and sufferings, as well as a more extended accommodation to their feelings and prejudices. It is perfectly true, as a judicious writer has observed, that the superintendant has daily causes to try, wherein he must represent the united departments of counsel, judge, and jury; “and as lunatic litigants frequently possess great acuteness, and always much irascibility, it becomes no trifling task to reconcile conflicting pretensions.” Experience will now decide that a regular system of discipline will effect that which medicine is unequal to accomplish, and probably, in a curative point of view, a greater share of success is mainly attributable to this source than the mercenary or theoretical speculations of many practitioners will allow.

The very site and appearance of an asylum for the insane, is calculated to excite corresponding feelings in some degree; the contrast between the exterior appearance of the building and situation of the present Bethlem and St. Luke's Hospital, surrounded by private buildings, cannot but strike an impartial observer. Dr. Spurzheim has expatiated freely, and with great judgment and humanity on this topic, together with the subjects of cleanliness, the regulation of ventilation and light, and that of temperature; for although it is a notorious fact that insane persons are often proof against every excess of heat or cold, yet those who are precluded from the comforts which others share in the severity of winter, occasionally evince the injurious effect of the season in their extremities.

It has been thought from our natural propensity to conform with the impulse of habit, that persons mentally deranged might be constrained to adopt some sort of regularity, but this is not always to be effected to the extent we might anticipate, any more than we can cure them of their inveterate and fallacious opinions by ratiocination; indeed we all know the herculean task of accomplishing the latter in those who are perfectly sane. On the contrary, the conviction of the justness of their conceptions, is more firmly established in proportion to the efforts made to break the link

of their thoughts, or expose the absurdity of their tenets. So true is the maxim of Hudibras,

“A man convinc’d against his will,
Is of the same opinion still.”

The only successful mode would be that of diverting the mind of the lunatic from the morbid train of his ideas, which Gaubius boasted of as being easily accomplished, though probably with little experience of success. It often happens, that the opinions which insane people dwell upon with the greatest energy make such a deep impression on the mind, during the prevalence of their aberration, that it will be acknowledged as a received truth on their return to health; and notwithstanding in their more tranquil moments they may be partially induced to avow the incongruity of them, yet the intruding belief will claim a portion of their attention involuntarily.

Dr. Knight contends that it is a great error in practice to appear to coincide in opinion with the lunatic indiscriminately, acknowledging his pretensions, confirming his opinions, and saying every thing that may be supposed to be pleasant and soothing; “fortunate indeed will be the result if the effect is not absolutely the reverse.” The lunatic, for instance, who has been thus confirmed in the belief of his own sanity, at once becomes restless, irritable, and importunate,

although he was previously tranquil and contented. "I have known this apparently trivial error in moral management produce raging and ungovernable madness." "It will be found, as this author observes, most conducive to the patient's recovery to permit the accuracy of these insane perceptions and morbid ideas to go unquestioned, and perfectly unheeded, to carry the lunatics attention to a very different subject, and to fix it as much as possible on that which has no relation to the hallucination." The insane are generally more hurt by deception than punishment, and will ever after withdraw their confidence as soon as the secret is revealed, so that the physician or superintendant has less chance of controul over them in future; indeed the late Dr. Munro strenuously laid it down, "that the physician should never deceive them in any thing, (except we may allow in the case of self-defence) but particularly with regard to their distemper, for as many of them are more or less conscious of it themselves, they acquire a kind of reverence for those who know it, and it enables the practitioner to gain such an ascendancy over them, as to insure a ready compliance with his instructions." Those who are entrusted with the care of the insane, find it to be a highly important object to aim at cultivating a system of regularity in their actions and habits, as to the intervals of exercise and employment,

their stated hours of refreshment, and the time allotted for their repose; but we find that such moral discipline is more available in the passive state of mania and melancholy: independent of its advantages in point of health, it facilitates the whole system of management. They ought not to be suffered to live too low under the operation of physic, and some degree of regulation is expedient to preserve the due degree of animal heat. It has been suggested by Dr. Haslam, that all modes of cure by application to the restoration of their intellects, ought to be subordinate to attempts at relieving the local disease by medicine, the latter however is often merely a conjectural source of suffering, and it is incumbent on us to lose sight of neither. Nature indeed will often effect more than the physician, if we do nothing to thwart her, and consent to be guided by such indications as the contemplative eye of experience, and pathological inference will strictly warrant. It is agreed on all sides, that the patient should constantly be removed from home as early as possible, otherwise he can never be kept tranquil. Those endearing attentions and kind offices of consolation, which naturally solace the victims of every other human infirmity, are here injudicious and found to be injurious, except in the stage of decided convalescence. The patients otherwise are always more unquiet and ungovernable for some time

afterwards. Dr. Spurzheim very properly adds, "that the most intimate friend is often the last to be suffered to approach." Family intrusions, the loss of the accustomed obedience of servants, and the perseverance in restraint in a situation where he was accustomed to consider himself as the master, or entitled to some degree of authority, will be constantly operating on his mind, and aggravating the mental disturbance. As it is commonly found that insane persons conceive less dislike to strangers, than to those with whom they have been intimately acquainted or connected, they are more easily restrained and far less dangerous, and no interruption to this system should be allowed to check its salutary effect. It is probable, for this reason, that more persons recover in a public hospital than in a private house appropriated for the reception of lunatics. In the one case the discipline of the hospital is regulated by implicit authority, uninfluenced by the caprice or controul of relations; on the other hand, those who are handsomely remunerated for the care of these unfortunate beings, are less scrupulous of deviating from the established routine of diet and moral regulations, so that a greater laxity of obedience may be anticipated. The circumstances of insanity being checked by an early introduction to an hospital, as soon as the derangement is confirmed, and the facility and frequency of relapse

from a premature discharge, and return to their friends, although they may sometimes have conducted themselves with propriety previous to their discharge, are too obvious to dwell upon. Certain restrictions are no less necessary as to the propriety of the admission of friends, during a state of convalescence, as a few minutes unguarded conversation, or revelation of domestic changes or occurrences have been known to favour a relapse of the derangement. More especially friends should be put upon their guard against insinuating that the lunatic appears quite well, unless they have the sanction of the medical attendant, as afterwards he becomes more impatient of confinement, and the necessity of any sort of restraint.

Although some individuals have confessedly received benefit by change of scene or situation, from the mind being introduced to a succession of new objects, yet in what particular cases or stages of the disease this may be judged practicable is still undecided, for Dr. Haslam, whose whole time has been consigned to this department of medicine, admits that his own experience is scarcely adequate to determine.

The lunatic in ordinary cases, is susceptible in some degree of shame and fear, and even under bodily restraint, will sometimes demean himself with the utmost apparent mildness, which

argues a degree of consciousness and self-control. He is also alive to the feelings of gratitude, and is frequently aware of the tendency of his words and actions; and although an enemy to deceit in others, will practice it himself with the most consummate address. When resistance is indispensable, it should be exercised in a mild and firm manner, with a calm dignity, "for any manifestation of irascibility on the part of the attendants, is wholly inadmissible." Where indeed the patient is entirely unconscious of the nature of his offence, we should display greater lenity and forbearance, rather than inflict the slightest corporeal restraint. Sometimes it will be found, as this judicious author has intimated, "that in the best regulated establishments, the necessity for coercion has arisen out of some mismanagement in the *prior* moral treatment." Nor does he deny "that on some occasions *strict* coercion will contribute to the tranquillity, and consequently to the comfort of the patient, indeed so much so, that lunatics have been frequently known earnestly to solicit coercion;" and he further observes, "that strict coercion in a dark room is generally sufficient for the most unruly lunatic, if done in a mild and determined manner."

When we consider how generally the lunatic appears absorbed in his own reveries, or sullen

contemplation, we should hardly expect that he would manifest either ridicule or a sense of compassion towards his fellow sufferers, though we find that he will occasionally display the most gross and malevolent passions, but he is sometimes observed to indulge in the eccentricities of other patients with the forbearance of the sane. Dr. Knight has remarked this as a curious and interesting spectacle, to see them thus conducting themselves towards each other. The proud, however, and ferocious, will form an exception to this rule. Rival monarchs as rarely agree in a lunatic asylum, as in the political dominions of those who are in the full enjoyment of intellectual health. "The anger which the lunatic displays is mingled with epithets of his sovereign contempt, though with a war of words, accompanied with a burst of immoderate and deriding laughter!"

"The more we contemplate the nature of insanity, either in a physical or moral point of view, the stronger will our conviction be of the difficulty of the application of general rules. Dr. Haslam has taught us "that all general reasonings are inapplicable to the various conditions of different mad-men, and to the different stages of their disorder." The two extremes of mania and melancholia, which have been sometimes regarded as the active and passive states, will indicate some

difference of management; and every medical man's experience and observation will satisfy him that in many instances, nature when not too officiously counteracted, will supersede the aid of medicine. Frequently in the idiopathic form of this disease, we have to encounter the mens *insana* in corpore *sano*, and here it is that moral discipline and vigilant attention to the natural habits and constitution of the patient are adequate to improve his condition, if not to effect a radical cure. On other occasions, as has already been intimated, the sensorium appears to be a powerful sympathizer with some other bodily organ, which affection becomes a primary object to ascertain, and when explored it must indispenibly claim our earnest attention, as the mental disturbance cannot be expected to subside before the restoration of the general functions of health. The observation however of so experienced a physician as Pinel, if not entitled to our implicit confidence, is still worthy of our serious attention, viz. "that the moral treatment of insanity exclusively, gives great weight to the inference, that in the majority of instances there is no organic lesion of the brain or cranium." It would be a vain, and unprofitable speculation for the physician to torture his own brain, as well as aggravate the sufferings of the deranged individual, to attempt to restore the healthy functions of a part

disqualified by physical change of structure, could it be admitted as the *efficient cause* of insanity in general. Still we ought to be prepared against the danger of neglecting the early manifestations of diseased action, as well as the importance of a correct diagnosis of its idiopathic or symptomatic character, well knowing that it is natural for inflammation, however modified, to proceed, if uncontroled, to some degree of disorganization, a circumstance which is constantly attested in every structure of the body, and has been forcibly pointed out in Dr. Haslam's selection of cases, as particularly affecting the membranes of the brain, although they merely display the *effects* of long protracted vascular excitement; instead of determining invariably the proximate cause of insanity. When we reflect on the circumscribed list of morbid structure that presented itself in so large a field of practical observation as Dr. Haslam enjoyed, are we not at liberty to imbibe a very rational and unavoidable inference, that most of the forms of mania may continue for a very protracted term, and ultimately yield to medical and moral discipline, without evincing any direct proof of morbid change of structure in the brain, under the usual routine of hospital practice?

It has been ascertained by others, and Dr. F. Willis has joined in the remark, that patients who fancy themselves poisoned, or who are constantly

suffering internally from peculiar sensations, are less likely to recover than those who imagine themselves ruined in fortune or disgraced by crimes; this is particularly observable in a case of inveterate lunacy of long standing, in a female, whom I am frequently in the habit of seeing, without any other mark, of bodily derangement than a temporary and periodical herpetic eruption of the face. This subject has a sister equally deranged with herself, and ascribes her malady to constant mutterings, to use her own phrase, extending from the abdomen to the throat, and to the artifices of strangers who are perpetually annoying her with every species of filth; she is otherwise in general an orderly patient, and is never subjected to restraint. It is likewise strongly confirmed by a very interesting case of William Collinson, detailed in the Sketches of Bedlam.

Those who are universally bent upon suicide demand a much greater share of vigilance than others, and it is observed that they are much longer in their progress to recovery.* Dr. Knight

* Dr. Good has observed, with regard to the character of those who are most prone to suicide, "that in our own country this propensity does not proceed so much from hypochondriasis, as from gradual despondency produced by real losses. Yet this miserable catastrophe occurs in some instances from the feeling, or rather want of feeling here

is very strenuous in enforcing the utmost circumspection of conduct in those who first approach the insane; more especially when the derangement is first discovered. "We should permit neither word nor action, if it be possible to avoid

assigned, the perpetrators of the horrid deed being those who have been actively engaged in the meridian of life, have retired upon their fortunes with a view of enjoying them in quiet, who have no taste for reading, reflection, or domestic tranquillity, and are too proud to return to the bustle of the world, and the excitement of nicely balanced speculations. This has been termed by Sauvages the *melancholia anglica*; they take leave of their friends by letter, and then put an end to their lives by various means, exhibiting a wish to die, not from *insanity* or severe grief, but a sort of tranquillity from a mere toedium vitæ.

A similar issue frequently has occurred in the voluptuary, after a life devoted to all the pursuits of sensual gratification, in the course of which the individual has exhausted his stock of enjoyments, and worn out his powers of body and mind before he has reached little more than the midway of his existence. Every thing now palls upon his senses, and he has neither taste nor energy to engage in more rational pursuits." A striking case, in proof of this situation of mind is recorded by Dr. Darwin, in his *Zoonomia*, in a gentleman of polished manners, who could find no mental recreation or resource at last, beyond a ride out in the morning, a warm parlour, and a pack of cards! What a lesson does this exhibit of the indispensable need of a system of occupation, and of the folly of recording indiscriminately these acts as originating in lunacy.

it, to indicate to the lunatic that we consider him to be insane; it is not improbable that he may have some suspicion of his state, nay it is more than probable that he is aware that some strange malady affects him, in the same manner as Shakspeare makes Lear, in addressing Cordelia, say, "to deal plainly with you, I fear I am not in my perfect mind." How cruel then and unwise to affright and afflict this doubter with the conviction of the melancholy truth!" The impolicy of relatives or strangers not attending to these hints, is exemplified by Dr. Knight so forcibly, that every medical practitioner desirous of adopting the most prudent and guarded advice on this subject, will consult his observations under the head of moral treatment with the utmost advantage.

The most important object to inculcate, as far as respects the province of the superintendant, is to acquire an ascendancy over the insane; when this is effected he will more easily exercise due controul over them in the subsequent stages of the disease. He is compelled, as Dr. Haslam observes, to officiate in a two-fold yet opposite capacity; "he is the servant of the patient, and expected to perform the meanest and most disgusting offices, and sometimes by a dangerous struggle he is forced to become the master." At the very moment when the demeanour of the attendants should indicate regret for the necessity

of coercion, "the patient should be taught by the powerful means used, that resistance would be perfectly useless, otherwise the effect of harshness and severity would encourage a spirit of resistance, and threaten to excite furious mania, a species of insanity that under proper treatment will never exist longer than a few hours, after the confidence and respect of the lunatic have been once obtained." This, however, must not be confounded with what is termed the *high state*, nor that vicious irascible state of mania where consciousness and perception seem nearly extinct.

The cases that require strict coercion, arise generally in the early stages of the disorder, what may be termed the *delirious* stage, when the medicines have not had time to allay excitement, or when the novelty of restraint and superintendence has not ceased to excite uneasiness and suspicion, or perhaps resentment, and this is the most important and most difficult period of moral treatment. There are few lunatics who are not upon the whole cowards, although they would easily impose upon an unexperienced attendant; by firmness of conduct and proper resolution in the management of them the most refractory may generally be kept in awe. The confidence of the patient is as necessary as a study of his forwardness, which is to be treated like that of a child, where he is not viciously

inclined. The conduct of the superintendant should be firm, and he should never threaten without executing; it should be like the maxim of that renowned hero of antiquity, "veni, vidi, vici." Wherever confinement is resorted to, Dr. Haslam advises "it to be done in the presence of the other patients of a *similar* description, but not otherwise, least the example might injure those who were too much depressed already." Where the muscular strength of the individual exceeds that of ordinary persons, there can be no good in the superintendant's risking his own safety, because one effort of victory on the part of the lunatic would lead to increasing difficulty in providing against his future stratagems; more particularly as in those cases, where the patient's confidence of superior strength and cunning have availed him in one instance, it might eventually prove fatal to his attendant. It cannot be too sedulously laid down, that no personal violence is warrantable beyond the necessary limits of self-defence. It is not easy to calculate the muscular strength of a lunatic, or of one under the influence of convulsive affections; a very slender and apparently debilitated individual will display extraordinary efforts where much force is opposed to him. Although the straight-waistcoat has been adopted as the safest resource, serving as a protection to the attendants, and a sufficient guard against any injury which the lunatic may inflict

on himself, still it should be our last resource; and the manacles suggested by Dr. Haslam, and further improved upon by Dr. Knight, would seem in some respects preferable. The simplicity and efficacy attached to the apparatus, which is portrayed in Dr. Knight's work, is well worthy of the attention of all those who are deputed to preside over this afflicting malady. In warm weather, amongst the furious class of maniacs, the straight-waistcoat has been thought to irritate and increase the restlessness, and it has been found to encourage habits of uncleanness; they are best reconciled during this season to superficial covering, and a more free exposure of the surface of the body to the common atmosphere; the manacles or muffs, described by Dr. Knight, with perforations in them to admit of ventilation, would then be preferable. The sleeves projected by this physician appears to be adequate to every useful purpose in securing a violent lunatic. The grand point is to regulate the proper crisis for restraint, and to discriminate where it may gradually be dispensed with, only keeping in view the admonition of Celsus, "*neque credendum est si vinctus aliquis, dum levare vinculis cupit, sanum jam se fingat: quomodo prudenter et miserabiliter loquatur, quoniam is dolus insanientis est.*"—*Cels. Lib. 3, Cap. 18.*

As the mind appears to be constantly occupied

with trifles from without, or the sources of internal reflection, every thing likely to solicit unusual attention should be withdrawn. In the most violent state of the disease the patient should be kept alone in a dark and quiet room, to avoid the intrusion of light or sound, the better to encourage if possible the disposition to sleep. This precaution is indispensable when the insanity appears to result from an inflammatory cause. The furious, vindictive, or malevolent class, must be expected to require less reserve or scrupulous delicacy of treatment; with these, permanent confinement by the most dexterous means is indispensable, though we should never forget the laws of humanity, nor lose sight of the unconscious excesses to which their misguided fury may lead them. When we reflect on the incoherent ravings of the unfortunate lunatic, in himself absolute, neither under the controul of reason, nor subject at all times to the guidance of medical counsel, in the height of his paroxysm to resort to manual force in order to obtain compliance, or the softer blandishments of soothing eloquence to repress his loquacity, would argue the same degree of folly and inconsistency. The vehemence of his action and utterance merely evince a bare symptom of the disorder, which our ignorance of the real cause should never tempt us to cure solely by wanton or capricious violence. It is known that many lunatics profess, and even demonstrate a keen or romantic sense of honour,

which is easily capable of feeling a slight shock, and would often supersede our premature recourse to uncouth or severe discipline; nothing but a share of experience of the temper and feelings of the individual, and some acquaintance with his prior history and habits, can dictate the most effectual course of treatment. Some will listen with the most profound attention to serious conversation, others are only to be governed by a sense of fear, and many may be gained over by gentleness and mildness of manners. In most cases of mental dejection Dr. Good has remarked, "that a kind and judicious friend is by far the best physician. Medicines may do a little, change of scene, and of customs and manners a little also, but the soothing of tenderness and indulgence, and the voice of that friendship which knows how to discriminate opportunities, and seasonably to alternate admonition with consolation, will accomplish more in the way of cure than all the rest put together."

10 The following anecdote, from Pinel's work on Mania, is worthy of our attention. It was an instance where some little deceit or stratagem was employed, and strictly justified in the promptitude of self-defence. "A young man, who had been calm for several months, and at liberty in the interior court of the infirmary, was suddenly seized with a paroxysm of his complaint. He stole into the kitchen, took up a knife and some

vegetables, which he began to chop, and insisted upon entering, in defiance of the cook and other servants, who attempted to impede his progress and to disarm him. He jumped upon the table, and threatened to decapitate the first man who dared approach him. The governess, with more recollection than fear, instantly changed her mode of attack, and appeared very much to disapprove of the assault upon him: 'Be quiet, she said, why prevent so strong a man from giving me that assistance which he is so capable of.' She then addressed the mad man with great good humour, desired him to go to her to receive proper instructions in the business of preparing the vegetables, and congratulated herself in having in him an assistant so well disposed, and so able to serve her. The maniac, deceived by this innocent stratagem, complied with the invitation, and fell to work with great satisfaction. But as he was receiving his instructions, and the governess had taken the precaution to instruct him with the knife in her own hand, he was surrounded by the domestics, taken without difficulty or danger, and instantly conveyed to his chamber. Pinel remarks that he might defy the most skilful of either sex, and the most conversant in the management of maniacs, to seize with more firmness and promptitude, a better method for disarming a raving madman."

Where several lunatics are confined in the

same room, the straight-waistcoat is found to be of little avail, as the cunning and address of the others are fully adequate to release the one who may most require it.

It is a curious phenomenon in this disease, that even amongst individuals whose ideas are in general truly disordered, that at intervals, and upon common occasions, when least expected, they will conduct themselves with great propriety, and inspire a degree of confidence to a certain extent of their capability of being trusted. This is more remarkably the case during the remittent stage of the disease, and in the more regular periodical insanity. Such fluctuating presages of intellect seem to correspond with the nature of organic affections of the system in general, which are seldom stationary, but which, in the present state of our acquaintance with the nature of the disease, furnishes but little ground for a favourable prognostic, and little or no clue to its more efficacious treatment. We should studiously watch the returning indications of their moral feelings, or their increasing consciousness of restraint, and the reason of its application; and in particular how far they manifest any sense of degradation from indiscreet behaviour. This information is peculiarly necessary to lead us to appreciate their real situation in point of sanity of intellect, and the final prospect of recovery.

The practice of accustoming the convalescents to regular habits of subordination, and of suffering them to mingle with those who are more remarkable for regularity of deportment, and adjudging slight penalties against those who transgress in the presence of the superintendant, appeared to have been the system of the late Dr. Willis, and equally prevailed at St. Luke's Hospital in the time of the late Dr. Simmons.

Dr. Spurzheim has remarked, with the strictest justice, that the diseased manifestations of the mind are not so often the result of the intellectual faculties, as of the will and feelings; "and that the activity of the intellectual functions, combined with these false feelings, is a more fertile source of insanity than the understanding alone." It is of the utmost importance, both on the part of the physician and regular superintendant, to contrive by every artifice to develop the primitive powers or leading traits that may designate the different classes of deranged subjects, as well as the disguised features of their natural dispositions; whether prone to pride, religion, or boasted skill in any art or science, or the more degrading characteristics of human nature. Pinel has communicated a striking case to illustrate the advantage of gaining an intimate knowledge of the source of the patient's delusions, and the effects of friendly remonstrance. "A man, in the vigour of life,

confined at Bicêtre, fancied himself to be a king, and always spoke with the voice of command and authority. He had been rendered more furious and intractable by blows and other indignities, received previously at the Hotel Dieu. A letter had been written by him to his wife, full of passionate expressions, from conceiving that she was the cause of his detention. This letter fell into the hands of another patient, who remonstrated with him for endeavouring to make his wife more miserable. The admonition was kindly received, and the letter was not sent. The governor of the institution availed himself of this occasion to elicit the principal subject of the patient's delusion, and thus addressed him. 'If you are a sovereign why do you not put an end to your detention, and wherefore do you remain here, confined with maniacs of every description?' The governor repeated his visits daily, from perceiving the evident symptoms of a favourable change, and always assumed the tone of friendship and kindness. He endeavoured, from time to time, to convince him of the absurdity of his pretensions, and pointed out to him another maniac, who had for some time indulged himself with the same conviction, but was now become an object of derision. In a short time he began to doubt his claim to sovereignty, and at last was entirely convinced that his pretensions were chimerical.

This unexpected revolution was effected in a fortnight, and in a few months he was restored to his family." The experiment adopted in the foregoing case, of exposing the absurdity of the lunatic's prevailing assumption, and of reasoning with him alternately, could only be available on the approach of convalescence.

In the case of the peaceable lunatic, whose ideas are confirmed beyond redress, Dr. Knight observes, "that at first he will prove a tranquil and willing auditor, till finding his understanding insulted by the evidence of his senses being either absolutely denied or boldly questioned, he becomes indignant at the barefaced assurance that would impose on him as truth that which the evidence of his senses, perhaps anxiously and repeatedly examined, tells him to be false."

That the lunatic on some occasions will manifest a degree of consciousness of his words, and the moral turpitude of his intentions, the following case will determine, as well as the judicious treatment and forbearance on the part of the physician. "An intriguing, unruly, and vicious male lunatic, was detected by myself with a piece of iron, which he had contrived to shape like a dagger, with a handle firmly fitted to it. Of course I had it removed. He immediately became excessively abusive, and I directed some restraint to be placed on him; he was secured with the hand

muffs. On this he lost all command of temper, and uttered the most revolting imprecations, exclaiming, ‘I’ll murder you yet, *I am a madman*, and they cannot *hang* me for it.’ I took no particular notice of this threat, though I doubt not it was sincerely meant. I deemed it prudent, however, to have my eye more particularly upon him, and kept the hand muffs on about three weeks, when all restraint was removed, and he was placed under a somewhat strict superintendence for a short period, but as he abstained from any absolute violence he was free from coercion of any kind. I treated him, however, with a studied reserve, till I saw he was ashamed of his conduct: I then treated him with the same cheerful freedom and good humour that I have always endeavoured to observe towards all my lunatic patients. We soon became very good friends, and the recollection of the premeditated assassination was permitted to sink into oblivion.”—*See Dr. Knight’s Observation, &c. pages 72, 73.*

False views of religion have frequently been found instrumental in bringing about insanity, and the list of subjects so bewildered cuts a formidable figure in the register published at the Bicêtre in France. That religion should sometimes be regarded as the bane and antidote of human felicity cannot be matter of surprise, when we contemplate the very nice and complicated

machinery of human nature, consisting of a great number of powers, some of which impel, others restrain, but all *intended* to act together, each with its proper force, and in its own manner, so as to promote the greatest good which can be called human. How often do we find the judgment discomposed, as Dr. Hey has forcibly admitted, by a warmth of veneration, running into superstition, or by fear of deceiving themselves, conscientiously dreading to renounce the sect or party to which they had been attached by long habits of intercourse; others under the influence of remorse, through a suspicion that they were not so ready to give it up as they ought to be. Such feelings hinder individuals from judging *calmly*. They prevent common sense from executing its proper office. No wonder therefore that such deluded enthusiasts are agitated by violent passions, sometimes elevated, at other times dejected, according to the cast or temperament of the individual. To apply an antidote to this moral malady has been found hitherto a delicate interference. "The subject of religion can only be addressed to the reason, or to the passions, the former of which does not exist in many cases in a state to be influenced, and the latter of which, if they could be influenced at all, would only add to the excitement and increase the disease." Amongst the older and more orderly patients,

Dr. Munro has certified a general augmentation of comfort from religious exercises. Some are found to be very pious. Dr. Hallaran has remarked, "that he has known maniacs of the worst class, in whom the faculty of thinking correctly on all other subjects had been entirely suspended, still retain the power of addressing the Deity in a consistent and fervent manner, and to attend the call for Devotion with the most regular demeanour." But with those who are more than satiated with religious contemplation, a far more arduous task attaches to the spiritual physician.* It would appear to be more easy of attainment in those instances where the *maniacal* hallucinations have hardly been developed. It should be our object to guard both the head and the heart, where the religious affections are taking too forcible a lead of the imagination. If the unhappy sufferer possesses a cultivated understanding, we should conduct the too scrupulous or bigoted disciple to the study of man and things. The

* It has been suggested by some writer upon insanity, that when a patient is fit for religious instruction he ought no longer to be confined in a lunatic asylum; and Dr. Knight, whose experience on some occasions is in favour of its utility and comfort, has pointed out that a clergyman ought not to be ignorant of the moral treatment of the insane, and that he should steer clear of fanaticism in the exercise of his sacred functions.

works of the Creation would hardly fail to inspire him with a rational, as well as pious admiration of Divine wisdom, and by guarding him against too eager a display of confidence, by being frequently reminded during this contemplation of his own ignorance, he would be imperceptibly diverted from the business of engendering fancies in his own brain. It would have the same beneficial effect in rescuing the new convert from too abstracted an indulgence of his visionary religious tenets, if he could be induced to converse with men in active life, men not consecrated to any theory, but guiding themselves wholly by practical maxims. The clear duty of the priest and of the physician is in this department one and the same; it is to bring the mind home to the world around it, "to draw it down, and fix it upon things of time and sense, instead of rousing it to things invisible and eternal; to enable it to behold the Deity in the materiality of his works, instead of urging it to a contemplation of him in the spirituality of his word."* It is evident, however, that the foregoing discipline can only be intended to apply to those individuals whose mental derangement is not yet fully confirmed, or who are verging to a state of convalescence.

As a proof that religious instruction has been

* See Dr. Good's Study of Medicine.

thought highly expedient in certain cases of insanity, we need only advert to the appointment of a Chaplain to the New Bethlem Hospital. It appears also, from the different Reports from private lunatic establishments, which were canvassed by the committee of the New Bethlem, that fifteen out of sixteen of them speak decidedly in favour of religious instruction; and Dr. Munro has observed "a general augmentation of comfort amongst a considerable class of the older and more orderly patients." But no religious interference should be encouraged without some prior communication with the medical superintendant. Although this question may be regarded as one that rests between the creature and his Creator, still the lunatic, in his calmest moments, might be edified by submitting to the spiritual guidance of a friend who could consult the train of his ideas, and convince him of his being under the peculiar eye of Providence. The particular circumstances, however, under which religious consolation is admissible with the greatest prospect of advantage, are detailed with great judgment and the result of ample experience, by Dr. Knight; the reader, therefore, is referred to the Section on Religion, under the head of Moral Treatment, pages 96 and 97.

Those who are suffering from the terrors of religious prejudices, which have been long indelibly

fixed cannot be expected to derive benefit from controversial reasoning; on the contrary, it would most probably exasperate the patients feelings, and prolong the chance of their recovery. Every attempt to divert the morbid brain of thought by enlivening conversation, manual employment, or the charms of music should be encouraged where it can be obtained.

The classification of the different subjects of insanity constitutes a very important feature of the moral treatment, and as the feeling of pride is more or less predominant, some respect should be paid to the sphere of life to which the individual has belonged. Haughtiness, however, ought not to be flattered, but they should experience respect, with a sense of obedience to discipline. We find that those who are much actuated by pride are seldom cured in the bosom of their families, where they are accustomed to command. What can be anticipated from promiscuous intercourse of the most vociferous or furious with the most religious and melancholy; or mingling the clean and unclean, curable and incurable, and convalescent in the same apartment? Still the class of melancholic patients, which is often the most numerous, should never be allowed to form a family by themselves; their mutual gloom and distressing apprehensions would form too obvious an inconvenience to pass unnoticed. "It has been pro-

posed that the peaceable and decently behaved subjects, whether curable or incurable, and the convalescent, should form a class. Those who are sometimes unruly, and who are very talkative and obtrusive, and such as are more slovenly and negligent of their persons than the generality, should form another class, and those whose habits are offensive should form another."

For a similar reason, Dr. Knight has objected to the insulation of the epileptic maniac, who would frequently be deprived of the assistance of the other classes of lunatics. "Were all epileptics placed by themselves in any considerable number, they must daily, almost hourly, have before their eyes the convulsions of one unfortunate or another; in others, though they might otherwise enjoy a state of sanity and cheerful amusements, the lucid intervals would be embittered by the unvaried and unceasing misery around them, and that too rendered more poignant by the consciousness of their individual liability to the same sufferings."

Dr. Haslam has remarked, that upon the most attentive consideration of the subject of classification many difficulties have arisen, which experience has scarcely served to remove. Although insanity, being equally incident to the poor and the rich voluptuary, would constitute an equality in the scale of humanity, still so far as their respective feelings can be said to be implicated in

the disease, every attention should be paid to this source which liberality and prudence may suggest. There is no doubt that the remains of the nicer feelings of the higher class of insane persons constitutes a serious bar to their recovery; but this is one of those evils arising out of civilization, which brings the apparent and comparative disadvantages of poor and rich to a nearer equilibrium.

The examples of those who are under restraint by hanging *in terrorem* over other refractory subjects, has a much stronger effect in restoring them to order, than the most sage precepts or temporizing expedients, on the same principle that the fear of punishment operates on a rational being: it tends to check the outrageous sallies of the former, whilst it deters the latter from the commission of crime. In the progress to convalescence it is of the utmost importance that patients can be induced to believe themselves in a state of probation; they are then more anxious to controul their conduct, and to convince the superintendant of their gradual restoration to reason. By mild and conciliating behaviour towards them, we have the advantage of finding them ready to reveal any projected plot, and thus to repose unlimited confidence in their attendants. It is of indispensable importance to be able to investigate the particular hallucinations of the patient; indeed

a physician of considerable experience, Dr. Cox, who has long devoted his time to the insane, has given us a number of cases to shew that by humouring the subject of the mental disease the most advantageous effects have resulted, and the individuals have been restored to perfect sanity.

On the subject of coercion, Pinel, after representing the order and regularity in which the institution over which he presided is conducted, states, "that the servants were under special injunction not to lay violent hands on a maniac, even in their own defence. A system of tactics, carried on by signs, was adopted, in order to secure the momentary seizure and effectual arrest of the raving and furious madman. In a word, the general government of the hospital resembled the superintendence of a great family, consisting of turbulent individuals, whose fury it should be more the object to repress than to exasperate, to govern by wisdom rather than to subdue by terror." The most tender method secures the greatest success, and in general where the patient is not in any degree vicious, the mildest modes of coercion, or solitary confinement exclusively ought to be adopted. It would be a fortunate circumstance could we universally succeed by the sentence of a solitary cell, which is frequently found to produce considerable effect, but it yields a tacit acquiescence

in a sense of superior controul, and will not supersede occasional recourse to personal restraint.

As a milder instrument in very hot weather, Dr. Hallaran invented a strong leather belt, to be adjusted round the body, with straps to confine the arms. This machinery has encountered further improvement by Dr. Knight, who uses it with a sort of manacle, which he calls a muff, a description of which is affixed to his work upon this subject; he also advises an iron lock to be fixed to the ancles of the more turbulent or vicious class, to avoid the use of chains, "which he condemns, as tending to impress these unfortunate objects with the most gloomy apprehensions." Pinel has very judiciously observed, "that when the furious and impetuous patients of the Bicêtre were continually chained down in their cells, they were incessantly agitated and raving; but since his superintendence of that establishment the straight-waistcoat has been generally substituted for chains, and limited liberty for absolute confinement; the consequence has been, greater calmness and tranquillity."

In the progress of this disease, where the state of the bodily functions presents no impediment, the advantages to be derived from some sort of occupation have obtained universal consent. Nothing is more true than that for want of some appropriate employment, particularly amongst the

melancholic class, the disease is nourished: the patients give way to their peculiar tenets or prejudices, and the body languishes for want of exercise. The derangement and difficulty which present themselves on this occasion are so forcibly described by Dr. Haslam, that unless the practical advantages from numerous experiments were obvious, a practitioner would scarcely regard it as deserving his attention. "To invent some one employment which should divert the thoughts of the lunatic from recurring to the favourite object or distressing subject of his disorder, which should so fully impress his mind and agreeably beguile the time, that his aversions should melt into reconciliation and friendship, that the dense cloud of his delirium should fade into transparency, would indeed be a noble discovery, but of such attainment the most sanguine will doubt and the most experienced despair." The same reasoning will, however, apply to every other occasionally fallible remedy, which would by no means justify our total indolence or inactivity in so deplorable a disease. Of the manifest benefits derived from occupation, especially amongst the labouring class of either sex, I could adduce several pertinent examples where the mental derangement has been effectually removed.

In many cases, after due attention to the general state of health, the cure mainly depends upon

withdrawing the patients mind as much as possible from every former scene and every former associate, in setting before him a new world, and giving an entire change to the current of his recollections and ideas—in short, to amuse and tranquillize the mind, without suffering it to degenerate into direct meditation, or habits of solitary contemplation. “There are particular cases, and a particular crisis of the disease, if we could at all times accurately define it, in which the sudden admission of a well known friend or relation, and a quick recal of the mind to its former images and habits tend to produce a most salutary excitement, and to disperse the maniacal cloud like a dream.” An interesting example to this effect is recorded by Dr. Good.—*See his Study of Medicine vol. IV. pages 112 and 113.*

The late Dr. Gregory has informed us, “that a farmer, in the north of Scotland, a man of herculean stature, acquired great fame in that district by his success in the cure of insanity. The great secret of his practice consisted in giving full employment to the remaining faculties of the lunatic. With this view he compelled all the patients to work on his farm. He varied their occupations, divided their labours, and assigned to each the part which he was qualified to fill. Some were employed as horses of draught and burden, and others as servants of various orders and provinces.

Fear was the ruling principle that gave motion and harmony to this rude system. Disobedience and revolt, whenever they appeared in any of the departments, were instantly and severely punished." If we cannot provide so wide a range of occupations or amusement for the female class, the household occupations of cooking, washing, mangling, repairing clothes, and other manual employments, may still engross much of their leisure time. Dr. Knight has affirmed, from experience, that the spirit of industry is incomparably stronger and more easily called into action in an insane man than in the other sex, a circumstance which is calculated to thwart us in this department of the cure. Monsieur Pinel informs us, "that at the principal hospitals in Spain, the maniacs capable of working are distributed every morning into separate parties. An overlooker is deputed for each class, who apportions to them individually their respective employments, directs their exertions, and watches over their conduct. The whole day is thus occupied in salutary and refreshing exercises, which are interrupted only by short intervals of rest and relaxation. The fatigues of the day prepare the labourers for sleep and repose during the night. Hence it happens, that those whose condition does not place them above the necessity of submission to toil and labour, are almost always cured; whilst the grandee who

would think himself degraded by exercises of this description, is generally incurable."

A sufficient argument for strongly enforcing different species of occupation in the cases of insanity, may be derived from the well-known misery, or ennui, bordering on melancholy, incident to persons of sound mind, which is every day witnessed in those, who from sudden affluence or other causes of retirement from active life, are doomed to loiter away their vacant hours without a vestige of mental resource. The higher class of the insane, who have previously cultivated a relish for the liberal or fine arts, should occasionally be relieved by a mixture of amusements, such as bowling, billiards, cricket or drafts, according as each one's impulse may direct. In many instances such occupation would be attended with obvious gratification, and would often tend to induce some degree of bodily fatigue, or pleasing exercise of contrivance or calculation, which those who are suffered to loiter away their time in a confirmed state of apathy or indolence are strangers to; in short, the sense of confinement ought to be in very many instances disarmed of some of its terrors. "How excruciating must the feeling of an individual sometimes be, who can *still* reflect on his situation, as many of the melancholic class unquestionably afford us proofs, to see himself in a prison, locked up by a keeper!"

It has long been justly observed, that man is the only Being that appears to be rendered unhappy by confinement. He who is allowed to anticipate the cheering prospect of being restored to a comparative state of liberty, whilst any power of reflection remains, will naturally exert his mind in favour of some manual engagement or mental pursuit; whereas the individual who has only to reflect in his more tranquil moments on a perpetuation of his slavery, will generally linger out his time in a state of apathy or continued melancholy. Furnish the subject with a fresh motive to rouse the reviving energies of his mind, and a brighter scene will open before him; of this we may be persuaded in many cases, whether the disease originated in the body or the mind, so long as they hold any manifest communion with each other.

At the Glasgow Asylum the utmost attention is paid to provide sources of amusement and employment, adapted to the individuals bodily and mental capacity. One of the most striking cases to exemplify the decided benefit of exercising both mind and body at an early period of convalescence, is recorded by Dr. Hallaran, in the history of a young man who had been received into the York Asylum, in the state of acute mania, which continued full three months with little or no intermission. The symptoms having afterwards given

way, he was treated as a convalescent, and every means tried to encourage him in some light work as an amusement, but to no purpose. After the maniacal paroxysms had totally subsided, he still betrayed an imbecility of mind, bordering on dementia, and could not be roused or made to take any interest in anything proposed for his amusement. At last, however, he was deemed incurable, and was ranked as an idiot, when by accident he was observed sketching some rude colouring on the walls of his apartment. From the specimen afforded, he was examined as to his knowledge of drawing, and was promised to be provided with colours of a better description, if he would undertake to use them. His countenance brightened up at the proffered indulgence, and on being furnished with the necessary apparatus he requested one of the attendants to sit to him. The enlightened physician from this period no longer hesitated about the prospect of his recovery, although a short time before the prognosis was so extremely unfavourable. It happened that the portrait was an exact representation of the person intended, and this attempt was succeeded by others which bore ample testimony to his merit in this department. It is needless to add, that elated with the approbation he had so well deserved, he persevered in this employment for nearly two months, after which he progressively improved in

his general mental faculties, was dismissed cured, and taken under the kind patronage of some liberal minded amateurs, who manifested a lively interest in his future preferment, and he now exercises his profession as an artist of the first distinction in London.

Dr. Spurzheim takes occasion to animadvert on the neglect of varying the occupation of the insane at the retreat near York, although an institution peculiarly celebrated for its mildness of discipline and successful treatment of this disease. This may arise in some degree from the peculiar modes of thinking and education of the society who are the benevolent patrons of the Retreat, and from a consideration of the secondary importance of employment in the different arts, particularly painting and music, which are partly interdicted by the society of friends. In general it is to be admitted, that we have more controul over the intellectual faculties than over our feelings, because the activity of the former depends on external impressions; hence, to use the language of Dr. Spurzheim, if an intellectual power is too active, he contends that the respective impressions from without must be avoided or discouraged, from whence he suggests the propriety of "cultivating the exercise of the external senses by visual objects or harmony of colours, and by different species of music."

Dr. Cox has dwelt with peculiar force on the latter, even to a romantic extreme, which has not escaped the animadversion or phlegmatic criticism of Dr. Haslam. If music and painting are to be commended as modes of occupation in the convalescent stage of insanity, we must be governed by the general principle of accommodating the subject as a *corrective* to the state of the individual's feelings, although instances of direct compliance with allowing the music to harmonize with the peculiar feelings of the individual have been followed by no evil consequences. Dr. Spurzheim contends, however, that the style or character of the music ought never to be analogous to the deranged manifestations of the patient's mind. I suppose the insane lover is never to be indulged in plaintive airs! His maxim is, "that all *faculties* which are *deranged* should be kept *inactive*, and *others exercised*."*

There is no question, however, that the power of music can only be duly appreciated by an amateur who is anxious to refer the taste and feelings of others to the standard of his own. It ought not to be wholly neglected with a view to

* Few persons are ignorant of the effect of their national airs, or particular melodies of the Swiss, the Scotch, and Irish, on those different people in health; and why should not the experiment be recommended to individuals of the same nation when labouring under insanity?

the tranquillity or cheerful emotions of one who is a stranger to the true and more substantial enjoyments of reason. The enchanting influence of music evinced by both sexes fairly confutes the old adage, that

*“ Segnius irritant animos demissa per aures,
Quam quæ sunt oculis subjuta fidelibus.”*

Every avenue should be explored that can serve to engage or animate the harmless attention of the benighted wanderer, and erase some of the deeply implanted troubles of his brain; and judging from the effects of music, as an occasional spur to heroic exertions, or its soothing powers under great agitation of mind, it surely deserves some portion of our consideration. The sanction afforded by the favourable testimony of Dr. Knight presents an additional plea for its recommendation, at the same time that he has witnessed more decided beneficial effects from music in the female than in the other sex.

Dr. Haslam maintains that liberation alone, in the passive state of the disease, has been known to occasion the mental disease to wear off, by allowing the patient an opportunity of returning to his usual occupation and industrious habits; very recent experience under my own observation will strongly verify this remark.* Independent

* Monsieur Pinel, in descanting upon the subject of liberty,

of the importance of vigilantly attending to the first ray of returning intellect, the utmost care should be taken not to mingle the convalescent with fresh impetuous deranged subjects. The convalescents should form an exclusive society amongst themselves, in proportion to the increasing evidence of their amendment. Monsieur Pinel gives us a striking but melancholy example in confirmation of this point. "A musician, who had become insane in consequence of the revolution, was deprived of the power of connecting his ideas, and he mingled with his unmeaning monosyllables the most absurd and fantastic gestures. At the commencement of his convalescence, he once expressed himself as if he had a confused recollection of his favourite amusement,

as applicable to cases of insanity, observes, "that a degree of liberty sufficient to maintain order, dictated not by weak but enlightened humanity, and calculated to spread a few charms over the unhappy existence of maniacs, contributes in most instances to diminish the violence of the symptoms, and in some to remove the complaint altogether." The good effects of it are displayed in a case that an unexperienced individual would least expect, which was selected by this author to establish another position, viz. that violent paroxysms of insanity are generally the least dangerous; at the same time it is calculated to demonstrate the injurious and indiscreet practice of copious depletion in a furious case of insanity.—*Vide Dr. Davis's Translation of Pinel, Sur la Manie, pages 88, 89.*

I took an opportunity to send to his friends for a violin. It seemed to have a very soothing effect upon him, and he continued to amuse himself with music for several hours every day, for eight months, when his recovery was rapidly advancing. But about that time was admitted into the asylum another maniac, who was exceedingly furious and extravagant. Frequent encounters with the new associate who was permitted to ramble about the garden without constraint, again unhinged the musician's mind, and overwhelmed its reasoning powers. The violin was forthwith destroyed, his favourite amusement was forsaken, and his insanity confirmed, and he was now considered as incurable."

Although it appears that occupation is a desirable object, to direct the train of the lunatic's thoughts, some caution and judgment are required to avail ourselves of the proper period for enforcing it, otherwise a relapse might follow, without a due share of discretion on this head. Nor need it excite our surprise, as an experienced author has hinted, "that we shall be occasionally perplexed by disobedience or open rebellion on the part of the patient." The eligibility of such employment in the middle class of society, or in the labouring ranks, as custom has reconciled them to, is obvious, and may be expected to awaken some degree of pleasure in the absence of maniacal

delusions, were it only calculated to revive the associations of former and happier days. The convalescent in a higher sphere of life may be allowed to vary the sources of amusement, under the sanction of his medical attendant, and be allowed to select a confidential friend; without being constantly exposed to the gloom and suspicion inseparably connected with the association of a keeper; and the simple persuasion that such assistance is at hand, will frequently prove a bar to his future irregularity, so far as a relapse may be anticipated from his own voluntary misconduct. Still we are justified in observing, that notwithstanding the greater cultivation of intellect, and the wider range of rational and interesting resources attached to the higher class, the balance is frequently not so much in their favour, in consequence of the more lively activity of their moral feelings: and a sense of ignominy of the disorder is occasionally so deeply impressed on their minds as to be very instrumental in protracting or inducing a relapse of the symptoms.

I have not touched upon the article of diet to be recommended for the insane, since it forms only a collateral branch of medical consideration, of greater importance in the acute stage of the disease, than in the more chronic form of it. The general plan of nutriment should correspond with the more obvious indications of increased strength,

or impetus of the circulation, or the opposite state of debility. A more generous diet is requisite for low and dyspeptic patients, according to circumstances, subjected to medical inspection, than for others who are more robust and in a constant state of violent agitation of body and mind. It is equally impossible to lay down any general rule as to the quantity of food, bearing in mind that either extreme may be followed by manifest inconveniences. Perhaps we cannot be guided by a better model than that which was pursued in the time of Celsus; “*moderatio quoque in cibo adhibenda est; nam neque æger est implendus, ne insaniat: neque jejuniò utique vexandus est, ne imbecillitate in cardiacum incidat.*”—*Lib 3. Cap. 18.*

Monsieur Pinel reported a greater mortality in the Bicêtre before and at the beginning of the last revolution, in consequence of the insufficiency of food. In many cases of advanced life, persons labouring under insanity will require a daily allowance of animal food, more especially during the existence of paralytic weakness, or universal debility. In a very large proportion of subjects labouring under this malady, there appears to be little occasion for any peculiar selection of diet, especially where there is little or no manifestation of organic disease or constitutional indisposition. As far as my own observation is worthy of con-

fidence, digestion appears to proceed more uninterruptedly during the prevalence of insanity, so that during the absence of corporeal disease it is probably a matter of indifference what article of wholesome food is exhibited, within certain limits, although this opinion would not extend to the indiscriminate use of brandy or vinous liquors. Such is the state of the animal functions in a great portion of maniacal individuals, that it needs not excite our surprise that the most heterogenous substances, with greater latitude as to quantity, will frequently be taken with impunity.

It happens sometimes, in this disease, that the groundless fears or scruples of the melancholic class in particular, will lead them to reject the administration of any article of sustenance; in this case it will be incumbent on the attendant, when persuasion will not succeed, to have recourse to some active expedient to convey liquids into the stomach. Both Dr. Haslam and Dr. Knight have pointed out an effectual mode of administering food under the foregoing circumstances, I shall therefore be contented to appeal to their works, as to the practicability of it, as the apparatus is simple, and will serve to introduce both food and medicine when required. Some, according to Celsus, and the expediency of the advice may be referred at least to the hypochondriac class,

have eaten heartily when placed among people engaged devoutly in the same occupation.*

Before venturing on the Prognosis of Insanity, there remains a subject of the utmost moment in a civil and judicial point of view, as it may attach to the deprivation of liberty, and the adjudication or disposal of property of those individuals, who from natural imbecility of mind, or eccentricity of conduct, have incurred the stigma of insanity; and it is to be regretted, in spite of the plainest and most scientific evidence on the part of medical men, that juries are occasionally actuated by some unfair bias in coming to a just decision. Sometimes, it may be admitted, that an erroneous

* Forcing the patient to take food is seldom justifiable; patience and a proper address will generally succeed. Dr. Knight exemplifies this in a case "where the patient stated that he had experienced no benefit from eating, that it frequently made him ill, and therefore he had resolved to refrain from it altogether. He was asked if his objection extended to medicine, to which he answered that he would take any medicine that was ordered by the physician, who told him it would be necessary to take it in beef tea, to which he consented. A pint of good beef tea was then sent and readily taken. In a convenient time the dose was repeated, and he was thus humoured till his appetite returned, when he again took his food as usual, until he was finally discharged well. When allowed to eat when they think proper they will sometimes take it readily. The best plan is to shut the lunatic in his room, and let his food be taken to him, and left without comment."

verdict may spring from the contradictory depositions of medical men of high character. In either case the responsibility of the parties is sufficiently urgent to arrest our most serious attention. There are many cases of flighty and highly whimsical persons, whose imagination is so active as to overpower every solid faculty of sober reasoning, that need no absolute seclusion from the world, who may occasionally mistake the suggestions of a lively imagination for substantial truths, which other men of more correct habits would disbelieve or reject with derision. The poet has very truly observed,

“ Great wits to madness nearly are allied,
And thin partitions do the bounds divide.”*

Dr. Spurzheim has suggested, that “in adults too great energy of one power will easily disturb the balance of the healthy functions. For this reason a genius is so often *near* insanity, that is,

* Few classical readers who could enter into the beauties of Lucretius, would be led to think that he had composed his elegant work, “*de Rerum Naturâ*,” in a *lucid interval* of insanity. Yet critics have been found bold enough to point out from internal evidence those passages marked by a more peremptory tone, which identified the dominion of this disease, more particularly in those passages of his work relating to death and the state of the soul, in his third book. This attempt is gravely introduced by Dr. Hill, in his *Work upon Insanity*.

his power is so energetic, that it acts independently of the *will*."

Dr. F. Willis has justly observed, "that a man may be violent and morose in disposition, weak in judgment and fanciful in his ideas, and yet not a lunatic." It is to be regretted that even the copiousness of our own language is inadequate to define in precise terms the limits between a sound and unsound mind, to satisfy the ends of law.

Dr. Spurzheim, in treating of partial or intermittent insanity, as authorizing some degree of liberty to the lunatic, in either of which the individual may be amenable to the laws, or competent to the administration of his affairs, observes, that in some instances persons endowed with a highly cultivated mind would pass whole months without betraying any symptom of insanity, the derangement being confined to *one* subject, the patient discovering his usual talents on other topics. Ought these individuals to have no moral and legal freedom in other points to which the insanity has no relation? On other occasions the mind will manifest all its faculties, the intellect being perfectly clear, and the actions under the controul of the will and the mind capable of appreciating the morality of actions. Query, "should such persons at their lucid intervals be thought incapable of giving evidence in a court of justice, of entering into contracts, disposing of

property, and performing other functions attached to a sound mind?"

Dr. Rush has communicated to the public the case of a judge in a neighbouring state, who was deranged in a high degree in his family and in company, but who astonished the court of which he was the member, by the correctness of his opinion and conduct when he took his seat on the bench.

The visionary knight, the hero of Cervantes, who believed that every inn was a castle, every ass a charger, and every basin a helmet, still proved himself an accomplished individual on other occasions, and possessed some of the best feelings of our nature. Either the body or mind may be enfeebled at the same time, or the whole of its powers, or a single power, and Dr. Good has remarked "the great difficulty that has been felt at all times in defining insanity, so as to draw the line between the real disease and habitual waywardness or eccentricity; so that while some definitions have been so narrow as to set at liberty half the patients of Bethlem, others are so loose and capricious as to confer a straight-waistcoat on half the world. A sound mind, in its most legitimate and comprehensive sense, supposes a co-existence of all the mind's feelings and intellectual powers in a state of vigour, and under the subordination of the judgment, which is designed

by nature to be the governing or controuling principle. An individual may on ordinary occasions betray a feebleness of judgment, or an uncontrollable rapidity of imagination, or the feelings and passions may be unusually sluggish or all impetuosity, or "what is more common as a characteristic of doubtful cases, than the energetic manifestations of some one passion, while the rest continue at the temperate point." Dr. Good very properly inquires why we should not admit as readily, as in corporeal deviations from the standard of health, such slight aberration as would scarcely deserve the name of disease, whilst all the intermediate points may constitute subjects of more or less serious attention. Dr. Spurzheim has observed, "that if a man be insane by a feeling, but calm and perfectly composed, if he can reason on other subjects with strict propriety and think like the majority of mankind, if he can converse with philosophic coolness and correctness on the nature and consequences of his disease, have we the right to condemn such a patient to the continual incapacity of transacting his own concerns? Habitual intoxication frequently debilitates the faculties of the mind, shall we not allow an interval in which the ordinary business of common life can be performed with certainty and propriety?" Pinel has recorded the history of a madman, who, during his long

intervals of mental sanity, was a man of very ordinary endowments, but who, during his fits, reasoned on the events of the French revolution with dignity, purity of language, and all the strength of reason which could have been expected from the most learned and intelligent man in a state of health. When individuals in advanced life lose their memory and manifest a weak judgment, are they on any sound lawful plea presumed to be disqualified from making a legal will? Whence, as Dr. Spurzheim has very justly remarked, "no branch of medicine is so intimately connected with the philosophy of the human mind as insanity.

In the case of the Rev. Mr. Franks, which occupied so large a share of the public attention, a year or two ago, although his was a case of the most marked moral depravity, Dr. Veitch deposed at the trial, "that there might be *gradations* of intellect, but there was *no medium* between unsoundness of mind and direct idiotism or lunacy." We know the result, that the Rev. Mr. Franks was absolved from the charge of lunacy by the principal part of the medical witnesses, but the court thought it right to interfere, and to consign the future disposal of his property to proper guardians. When a person of a similar cast is prone to comply with an egregious act characteristic of insanity, or he suffers himself to yield

submissively to the inconsistency or tyrannical will of others, who are no wise actuated by reason, notwithstanding the sure prospect of disgrace, such an individual ought to be considered as a lunatic for all the purposes which the public good demands and his own security and protection require. Nevertheless there are numerous examples of weak minds, which differ only from those which are more acute in the extent and power of their faculties; but unless these subjects betray unequivocal symptoms of delusion their soundness cannot be questioned. We must not forget "that the annals of equity furnish many instances of attempts to wrest property from the possessor, or to remove persons from situations to which a greedy eye has been cast by others, on the score of *mental incapacity*, and criminals have often attempted to elude the penalty of the law by putting in *pleas of insanity*."^{*}

On the other hand, we should not hesitate to take an active part in usurping some degree of authority, in those cases where individuals appear totally bereft of any reasoning faculty, and are lost to all sense of propriety. A human Being thus situated can hardly be regarded as a moral agent, nor can he deceive any indifferent person, although for the sake of litigation some advocates

^{*} See Dr. Smith's Forensic Medicine, page 428.

may be weak enough to raise doubts or provoke discussion ; whilst an inquest is going on as to the integrity of his understanding, he may ruin the peace of an innocent family, or blast the prospects of an amiable successor to his estate. Here the law frequently interposes its salutary protection, even in the absence, or for want of proof of *avowed* insanity, whilst it leaves the man of fashion, in the full enjoyment of every higher faculty, perfect freedom deliberately to waste his patrimony, and stab the peace of his family by every species of gaming and finesse within the rules of *good breeding*. The modern plea of *unsoundness of mind* should, if possible, be invariably defined, where it is likely to subject the individual to the controul of the law, otherwise, like the term of *treason*, the issue must be deplorable.

As all diseases have a tendency to remissions or intermissions, more or less perfect, we notice the same phenomena in mental affections. “*Nemo mortalium omnibus horis sapit.*” “There is no individual in a state of the most perfect sanity, whose judgment is equally strong and exact upon all subjects, and few whose judgments are not manifestly influenced and led astray by partialities or peculiar incidents of a thousand kinds, insomuch that we dare not on various occasions entrust to a man of the strictest probity and the clearest head a *particular* subject for his decision, whom we

should fly to as our counsellor upon every other occasion. It is, therefore, not very extraordinary that in a morbid state of the mind, and particularly of that faculty which constitutes the judgment, there should be an aberration in some direction, or upon some particular subject, which does not exist upon others.”*

There was certainly considerable discrepancy of opinion on the part of the medical testimony, in the cases of the Earl of Portsmouth and that of the Rev. Mr. Franks; it may be said to be “hard to decide where doctors disagree,” but unless there is a perfect concurrence of obstinate and groundless delusion, a settled depravation of the moral sense, and a want of common judgment in the direction of public or domestic concerns, or proofs of an ungovernable impetuosity of temper, &c. we can hardly pronounce it a case of decided mental derangement.

“In the case of Lord Donegal it was found that he was of *weak understanding*, although he gave rational answers about his estate, but not to any questions about *figures*; in these he was incompetent to answer the most simple queries. Lord Hardwicke did not think *that* a sufficient foundation to grant a commission.”†

* See Dr. Good's Study of Medicine, vol. IV. page 69.

† Vesey's Sen. Reports, vol. II. page 407.

The late Lord Thurlow, in the case of *Ridgway v. Darwin*, cites a case where a commission of lunacy was supported against a person who, when *sober*, was a very *sensible* man, but being in a constant state of intoxication, he was deemed incapable of managing his property.

It is impossible to extend this investigation into the numerous cases which may present doubts as to the strength of mind of individuals. Every instance must be tried on its own merits; and while weakness of understanding deserves protection, it should be remembered that too nice an investigation of eccentricities and imperfections may lead to oppression and injustice.

Such a degree of refinement in our courts of law has supplanted the usage of former times, that *unsoundness of mind*, in contradiction to idiocy or lunacy, which may differ very little from eccentricity of conduct, has sometimes the effect of depriving a fellow creature of the dearest privileges, personal liberty, and the disposal of property. There is great danger in surrendering this constructive insanity to the discretion of the judge, so far as it may operate as a precedent, liable to be acted upon by those of less learning or candour than were exemplified in our late chancellor, Lord Hardwicke, as Mr. Brougham very opportunely stated, had long ago observed that a mere verdict of *weakness* or *imbecility*

of *mind* would not do, the jury must find *utter* unsoundness. The late chancellor had given it as his opinion, that though there might be many cases of nicety with respect to the general liberty of the person, yet that insanity was not actually necessary to be *proved* to induce the court to interfere, provided his character was *utterly* senseless, or that he was improvident and destructive of the immediate property or comforts of his family. This judgment would divest the jury of the necessity of distinguishing the difference between *unsoundness*, lunacy, and idiocy, or any other degree of mental imbecility. A further inference would clearly arise from such a dispensation of definite terms, that the testimony of a medical witness would become a useless form, a complete work of supererogation, since the world at large would be thought fully competent to judge of the simple incapacity of the person to manage his own affairs as well as a medical man; the consequence would be that juries, however sensible, would be frequently deciding upon the most inconsistent grounds, were professional opinion in these cases to be set aside.

In any other than a just and accurate determination of insanity, according to the strict acceptance of it, or rather *unsoundness of mind*, the custody of the law and of the great seal might be considered, according to Mr. Brougham's language, little

better than thralldom; it implied *imprisonment* where the enjoyment and disposal of property were suspended. It is true, as this able advocate remarked, "that a jury might profess to feel for the individual, and regret the debility of his understanding, but in so doing they would commit a scandalous violation of justice and duty, if from motives of pity, and a misguided view of their duty, they were to make a sound man a lunatic." There are numerous examples of persons carried away by particular whims or fancies, who are deluded on one particular subject and perfectly rational on every other; such individuals are liable to deceive only the inexperienced; so long as they intrude but little on others, and do not risque their persons or property, they are objects of our commiseration, and are entitled to the fullest share of freedom. The protection of the law is unequivocally demanded to obviate the danger of violence, suicide, or wanton habits of profligacy and extravagance, but the latter errors frequently incur only reproof or contempt.

In some, and by no means extreme cases, the perception and judgment would appear to travel soundly and in concert at the outset of the interview, but they soon diverge and abandon each other, as far as east and west. "If the perception or imagination suddenly wander, the judgment is presented with a new train of ideas, and

must necessarily take a new direction. It is difficult, however, to conceive how the judgment can be thus abruptly led astray, if it continues *sound*, and hence it is more probable that the judgment itself is in fault, and admits a train of ideas, which however congruous to themselves are incongruous to those furnished by the faculty of perception, or both may equally wander and accompany each other in the visionary scene as they at first associated in the real. It is obvious, however, if I mistake not, that both faculties are affected in the derangements of insanity, either jointly or in irregular succession.”*

To arrive at a correct knowledge of the real situation of the suspected lunatic, Dr. Haslam observes, “that a successful examination is not to be effected by directly selecting the objects of his delusion, for he will immediately perceive the drift of such inquiries, and endeavour to evade or pretend to discover them; the purpose is more effectually answered by leading him to the origin of his distemper, and tracing the consecutive series of his actions and the association of ideas; in going over the road where he has stumbled he will infallibly trip again.”† It is of material consequence that the visits of the physician should

* Vide Dr. Good’s Study of Medicine, page 68.

† See his Observations on Medical Jurisprudence, as it relates to insanity, page 68.

be carefully kept from the knowledge of the patient, and what is more difficult to effect, it should appear to *him* perfectly natural, unsolicited, and undisguised, so that by the common course of conversation, some clue to his supposed derangement may dexterously transpire, which could hardly fail to elicit the real source of his delusion. This course was adopted in the Rev. Mr. Franks's case, but without affording the slightest presumption of lunacy in the opinions of Dr. Haslam and Dr. Burrows.

I shall conclude this abstruse, unsettled, and delicate part of the subject, by recommending the fundamental points of Dr. Haslam's investigation of the proper criteria of insanity in general. "In the first place, whether the party discovers *any natural* imbecility of mind, although this term admits of great latitude. Secondly, whether he can be regarded altogether as an intelligent Being; and next, if he labours under any particular delusion." To these indispensable inquiries we might subjoin the question of former paroxysms, if they ever existed, and the occurrence of lucid intervals, together with the important circumstance of hereditary predisposition.

CHAPTER V.

THE PROGNOSIS OF INSANITY.

THIS is a subject which can only be expected to admit of critical determination from those who have enjoyed a large share of experience in the treatment, and have devoted their undivided attention to every minutia of the disease; and even under these advantages, and the *tactus eruditus*, it will be liable to a considerable degree of uncertainty. “To seize the true character of mental derangement in a given case, says Pinel, and to pronounce an infallible prognostic of the event, is often a task of particular delicacy, and requires the united exertion of great discrimination, extensive knowledge, and of uncorrupted integrity.” Such was the opinion of this consummate and experienced judge, who eminently united in himself the chief of those requisite qualifications.

Dr. Haslam has remarked, that the practitioner can only be led to predict the recovery of a particular description of patients, from having expe-

rienced that under the same circumstances a certain proportion of them have been actually restored to sanity of intellect. This point would admit of greater precision, on a general scale, by reducing the more prominent symptoms to a sort of analytic or tabular form; and where is this measure so effectually to be adopted as in our extensive asylums devoted to the reception of the insane? The conclusions of the physician would then approach nearer to legitimate demonstration, by arranging the previous history, the leading features, the medical, dietetic, and moral treatment, whether a case of idiopathic or sympathetic derangement, &c. &c. in distinct columns. By this methodical investigation, much desultory observation would be suppressed of no intrinsic importance, the deductions would be less arbitrary or capricious, and each case would exhibit a picture of the disease more or less perfect, according to the comprehensive or defective materials of the recorder; at any rate it would stand on its own merits, and be worthy of examination. The advantages which have resulted to the author from a similar method of registering clinical remarks in the practice of physic in general, will probably justify him without the imputation of arrogance, in strongly insisting upon the obvious utility of it to others.*

* The best outline of such a proposal was sketched by my

We are not authorized in predicting so perfect a cure of insanity, as in diseases expressly confined to the solid fabric of the body; and the length of time necessary for arriving at a just prognosis is more indeterminate, and will frequently depend upon the interval which has elapsed before our attendance is solicited.† Provided the acute symptoms have not been so formidable as to threaten the destruction of the patient, it may uniformly be asserted, that in proportion to the sympathetic disturbance of the body, so much the greater are the chances in favour of his ultimate recovery from a given paroxysm of the mental affection, more especially on a first attack. But in the event of the improvement of the general health

late worthy preceptor, Dr. George Fordyce, in a paper upon the best method of cultivating and improving the evidence of medicine, in the first volume of transactions of a society for the improvement of medical and surgical knowledge.

† A remarkable case of insanity, which had continued for seven years, but where the individual was ultimately restored, is detailed in Dr. Knight's work. It was an instance where the subject could scarcely be compelled to follow the occupation practiced by the other lunatics, and was so notorious for his taciturnity that he was regarded nearly as an idiot. "The physician stated, from his own knowledge, that the patient had preserved a total silence for three years, and believed that six years at least had passed ere he began to converse, still he proved to be a man *well informed* and of very acute intellect."—See *Dr. Knight's Observations*, pages 87, 88.

without a corresponding change in the functions of the mind, the prognosis becomes infinitely less auspicious, and the impending danger of confirmed insanity increased.

The chance of a permanent cure depends frequently upon the degree of alteration that may have occurred in the parts of the brain concerned, and the influence this may have in deranging the mental affections, though of this circumstance we can arrive but at a very imperfect knowledge during the life of the patient.

It would be a desirable point to determine by inspection after death, what is the difference in the organic changes induced by a long continued invasion of the disease, where it assumes a milder character, and in those violent or acute cases where the patient is occasionally cut off; although it is singular that the termination of violent paroxysms of insanity, admitting it to arise from inflammation of the brain, is often more favourable than in lingering and indecisive instances, where the symptoms of organic change are more insidious.

In proportion as insanity has assumed a systematic character, the difficulty of pronouncing a recovery is greatly aggravated, in conformity with the old adage,

“ Sero medicina paratur,
Cum mala per longas invaluere moras.”

Every fresh occurrence is artfully blended with the ruling subject of their delusion, which serves to strengthen their prepossessions and to fix the malady. Those who manifest the acute symptoms of mania in a marked degree, by arresting the attention of their friends, or the practitioner consulted, are more likely to recover than others suffering under the desponding or melancholy form of the disease, where the advances of the symptoms have been more imperceptible or insidious. It is scarcely necessary to observe, that a course of injudicious treatment or total neglect of the early symptoms is equally unfavourable here, and perhaps more so than in other diseases; and that the comparative prospect of cure attaches infinitely more to youth than to advanced age, except in the instances of idiopathic insanity, which is manifested often in very early life, and, as Dr. Knight has observed, is generally if not always incurable. Monsieur Pinel has asserted, "that he could hardly recollect a case of recovery at the Bicêtre, where the age of the individual exceeded forty, and that it is often more difficult to repair the mischief induced by improper treatment, than it would have been to have cured the original state of the disease: witness the direful effects of an injudicious perseverance in a course of mercury!" The more sudden the attack of the high form of insanity, where the patient has

immediate and judicious attention, the greater the probability of a speedy recovery. Mr. Hill is very sanguine, and not less ostentatious than the late Dr. Willis, in computing that ninety out of every hundred may most assuredly recover. It is worthy of observation that a gradual return to sanity is most favourable to the permanency of its duration.

According to the statements of Dr. Haslam, which are entitled to our impartial consideration, as the result of much practical inquiry, in this climate, women are more frequently afflicted with insanity than men. Within a period of forty-six years, the admissions of women into Bethlem have exceeded those of the other sex, in the proportion of 4832 to 4042; and from a calculation of those who have been permanently cured out of these numbers, the ratio of the women has been to that of the men as 1402 to 1155. In Dr. Knight's tables, exhibiting the comparative list of cures in old and recent cases, in either sex, in the Lancaster Asylum; the admissions of the men have rather preponderated, and of the old cases ninety-eight men are stated to have recovered but only forty-three women, whilst in the recent cases forty-six women have been restored and thirty-three men. Of the men enumerated in the old cases, ninety-nine are stated to have died, but only sixty women. This degree of

mortality is ascribed to "the philanthropic principles on which county asylums are founded, which admit of *no exceptions*, on account of the hopeless condition of the sufferers, where the fatuous, idiotic, and epileptic share an equal protection with the most promising cases of the deranged in mind. Dr. Knight is willing to offer some compensation for the foregoing formidable register of deaths, by assuming that "nine out of ten *recent* cases will recover when treated according to the rules he has prescribed."* In other parts of Europe the foregoing relation will vary considerably.

If inflammation, as its modern votaries contend, was the legitimate cause of derangement of mind, it ought at all times to be adequate to its production, when inflammation of the brain occurred, but some other agent is required, viz. predisposition, either natural or acquired.

We find that natural predisposition to any disease redoubles the difficulty of cure, and subjects the patient to a surer prospect of relapse. Pinel has likewise observed, that religious melan-

* "In a large hospital for the sick many die under the most favourable circumstances; but if an hospital be used as an asylum and *final home* for the hopeless, can it be matter of surprise if the majority should end their days there?"—*See Dr. Knight's Observations on the Tables of Classification, page 130.*

choly is seldom known to terminate otherwise than fatally. One of the most atrocious instances of demoniacal phrenzy is adduced by him of a religious bigot, "where the hallucinations were so fixed, that after an interval of four years of apparent tranquillity and inoffensive behaviour, meditated the project of making an expiatory sacrifice of all his fellow tenants of the asylum, on Christmas Eve, and eventually succeeded in murdering two of them and wounding the governor, before his fury was effectually restrained."*

Of the cheerful class, even in confirmed cases, more than two-thirds have been computed by Dr. Knight to recover, viz. 45 out of 64; whilst of the melancholy not one-fourth recover, or only 38 out of 176, which is admitted to be a very large proportion of recoveries. From this comparative survey of the different cast of mental impression, we are led to predict "that the lunatic whose mental emotions partake of the cheerful character, will probably be restored to reason, though his insanity may have endured many months, or even years;" from whence this physician arrives at a very natural and obvious conclusion, "that to keep the deranged in mind cheerful is of paramount importance." A further interesting fact is brought to shew how greatly melan-

* Dr. Davis's Translation of this author, page 77.

choly preponderated among the women, during the latter period in 1824, as well as the prevalence of irascibility among them at both periods. "Thus we find of 219 insane women, the mental emotions of 61 were characterized by irascibility, whilst of 358 men only 64 were similarly affected."

Nothing can be more reprehensible, or adverse to the true interests of science, though founded on the primitive rules of some of our lunatic establishments, than the practice of limiting the probationary period of a radical cure of insanity.* The badge of *incurable* is often bestowed under a false or ignorant presumption, and can only be adapted to those who have manifested derangement for a long series of years, with scarcely a lucid interval, and who are probably labouring under organic infirmity.

Insanity supervening upon epilepsy or palsy, or accompanying these diseases, is very seldom curable, (if we except the favourable issue of some

* According to the Report from the Select Committee for the better regulation of mad-houses,—“In Bethlem, after a residence of twelve months, if such persons have exhibited symptoms of malevolence, or are mischievous, and it is considered necessary that society should be delivered from them, they are declared incurable, which declaration is subsequently confirmed by the governors, and then they are no more treated with a view to cure their disease.” This term of probation does not seem to accord with the opinion of Dr. Sutherland.—*Vide Spurzheim's Work on Insanity, page 202.*

of Dr. Knight's cases), and from this conviction these objects are seldom admissible into the regular lunatic establishments in the metropolis; but where it occurs from metastasis, or by conversion, in topical affections, it frequently terminates favourably; sometimes however there is an alternation of these affections.

When the paroxysms gradually diminish in intensity, until very feeble traces of the original malady are left, the more favourable is the return to permanent sanity. In many cases even of furious insanity, there is as complete an exemption of the maniacal symptoms at intervals, as we find in epilepsy. A lucid interval is sometimes announced by symptoms of a revival of a former disease, or even by the accession of a new complaint, as gout or hemiplegia, or by severe hæmorrhage, or dysentery. A disposition on the part of the patient to return to his usual pursuits, is a very striking feature of permanent convalescence, together with the return of their natural intonations, gestures, or general gait; these phenomena contrasted with the dissimilar features so readily recognized in mania, cannot fail to strike an experienced observer. Sometimes remarkable defects of speech are unobserved during the continuance of insanity, but return with their usual character at the approach of convalescence. The same thing is known to occur in the delirium of

fever. An instance is recorded of a "French Countess, who was nursed among the Welsh, and who had entirely forgotten the Welsh language; but long after she had grown up, in the delirium of a fever, she spoke many words in a language unknown to any of her attendants, which was at length interpreted by an old Welsh woman."

The appearance of the countenance, and a more equable state of the temper and improvement of the natural functions and habits of the body, will hardly fail to justify the anticipation of a speedy amendment. It cannot have escaped the observation of experienced persons, that the total recovery of insanity, combined with religious impressions, is more slowly effected than that derived from other sources, and it would appear to be more incidental to the middle class of society in this country and in France, than in most others. Where the religious impression is strongly coupled with hypochondriac feelings, it may occasionally submit to medical and moral discipline, in a more decisive degree than where the hallucinations have succeeded some criminal act, or a delusion to this effect, in the way of inevitable remorse. A very unfavourable prognostic awaits those who labour under *mono-mania*, or where the lunatic reasons correctly on every other subject than that which constitutes the theme of his derangement. We might conceive, a priori, that the fewer

objects which engrossed the attention of the insane, the less difficulty would be found in combating the disease; but the only compensation peculiar to this form of the complaint is, that in other topics the patient can beguile his time, and fill up some portion of that void and dreary interval which attaches to the other classes of maniacs. Increased corpulency during the decline of mania is in general a favourable omen, and it is one which I have seen verified in two or three instances of recovery from puerperal mania: this symptom is not equally favourable in the idiotic, who must defy the success of every human artifice. In females, the prognosis of insanity succeeding pregnancy, or connected with the early stage of utero-gestation, has been esteemed favourable; several melancholy proofs of the reverse have fallen within my own observation, but upon the whole the probability of recovery is in their favour.

It has been observed by an experienced physician, and confirmed in several instances by the author's remarks, "that the last days of the lunatic are frequently closed with a degree of universal emaciation, without any direct clue from specific disease." The foregoing symptom occurring without any obvious change in the character of the maniacal symptoms, ought therefore to challenge additional scrutiny on the part of the medical

attendant, more particularly if the patient is not far advanced in life, and has hitherto betrayed little or no proof of organic disease.

Dr. Haslam has stated, that paralytic affections constitute a more frequent cause of mania than has been commonly supposed; if it might not be deemed presumption to oppose such respectable authority in a point of theory as well as practice, I should be more inclined to hazard an opinion that he had substituted the cause for the effect. Where symptoms of hemiplegia have succeeded confirmed cases of insanity, I have several times found it to terminate fatally. The remark of Dr. Spurzheim, "that hitherto the medical art has acquired very little merit in the cure of insanity," is strongly opposed to modern experience, not only in France but in our own country, even allowing that moral discipline has been more relied on than medical remedies, since the cure is greatly accelerated by the conjoint effects of moral discipline and the interposition of simple medicines. Dr. Hallaran runs into an opposite extreme; he is unwilling to resign any case as absolutely incurable so long as the vigour of youth or disposition to a diversified form of the disease has continued; and he is "*always* led to prognosticate a relapse with double violence, where the symptoms of mania have *suddenly* disappeared upon the first attack." It must have occurred to many practitioners in

this country to witness a contrary issue;* but the foregoing author maintains that he has never been deceived, even though the interval might be strictly termed a lucid interval.

Many patients are annually discharged from Bethlem who are pronounced cured, but yet suffer relapses, and are re-admitted, whilst others who are dismissed as incurable recover spontaneously; indeed Dr. Rush mentions spontaneous recoveries after the individuals had been deranged eighteen and twenty years.†

As the prevention of disease is generally more easy of attainment than the cure, it is a source of the utmost consolation to know, that by great temperance in the habits of living, and guarding against any sudden emotion of mind or irascibility of temper, the approach of insanity may often be counteracted, even where the predisposition to it is sensibly marked, until at length the predisposition itself is obliterated. By contemplating the subject in this point of view, that extreme dread of insanity so conspicuous in many individuals may be much diminished, as such anticipation cannot but hold out a rational belief, that the natural tendency to this malady may be gradually

* In cases of apparently simple disordered action, from temporary excitement of the vascular system, occurring for the first time.

† See his *Medical Enquiries, &c. on Diseases of the Mind.*

prevented, and accomplished by simple and practical measures.

The late Dr. Munro, in addressing those who are less experienced than others in the treatment of mania, strenuously cautions them against carrying measures of depletion too far, and advises them never to lose a proper authority over them; in the next place to be on their guard against being imposed upon by their cunning artifices, and not to be too precipitate in giving them up as incurable.* In those cases where after a perpetual state of restlessness and loquacity the patient can compose himself even for short intervals during the day, though his delusions may not have fully yielded, still it argues favourably; and the longer the periods of such quietude, of course the more sanguine may our expectations be of his approaching recovery. The return of his faculties will daily become more obvious, his attention will be voluntarily directed to those objects which were before unnoticed, he will be disposed to regard his former delusions as a dream, and gradually betray stronger conviction of his late errors. To secure the patient from the further chances of a relapse, where his release is authorized by the medical attendant, it would be an act of prudence and foresight to recommend

* See his Remarks on Dr. Battie, page 59.

his passing a short time with a confidential friend or relation at a proper distance from his own family, to prepare his mind to encounter the domestic scene with greater tranquillity.

Few persons ever manifest perfect signs of recovery until they have been rendered sensible of controul; in fact, scarcely any thing will contribute to rouse the patient's reflection so powerfully, as finding himself under the direction of a medical friend. It is of the utmost consequence that the physician should never hastily deliver an opinion of the *sanity* of any individual in a state of convalescence, until he has availed himself of repeated examinations, without any previous expectation of such interviews. The anxiety and responsibility of a medical man to execute this trust will be readily acknowledged; but he should be armed against any artifice on the part of the subject, and study to gain his unreserved confidence, avoiding every insinuation calculated to wound his feelings, and expressing a *dégré* of satisfaction in witnessing his amendment, which will effectually ingratiate him in the patient's favour, at the same time that it will evince the truth or fallacy of his title to recovery. There is a striking illustration of the extreme art employed by maniacs in a state of apparent recovery, which is quoted in Dr. Spurzheim's *Treatise*, at the same time pointing out the advantages resulting from the

habitual information of the superintendant, and the insufficiency of medical inspection only casually enforced, to report the sanity of the individual. "Application had been made by the friends of two individual thus situated, for their liberation from confinement. The keeper protested they still remained insane, but the physician's order was for their peremptory discharge. The following year the two persons released were found to have both died from *suicide*."

Mr. Hill, in his remarks on a lucid interval, takes occasion to shew "that if the termination of this interval is narrowly watched, when the intellects are again gliding into insane abstraction, the individual may be recalled by new impressions, presenting to the mind the commencement of a fresh or long dormant train of ideas, as by the revival of some previous interesting subject of argument or contemplation, or the introduction of an absent friend, or lastly, by making gentle attempts to revoke the function of memory upon subjects of rather recent occurrence. If the patient not only appears to coincide in these attempts, but also hazards a sentiment of approbation or dissent, though appearing to be ignorant of transactions of far greater moment which preceded the insane paroxysm, regularity of ideas soon succeeds, the function of memory is proportionably developed, and will occasionally constitute

a striking prognostic of recovery." No stronger proof of approaching sanity occurs than where the antipathies which had accompanied the derangement are suddenly acknowledged to terminate; several memorable cases in point are recorded in Dr. Rush's work, already quoted, and others will be found in the Sketches of Bethlem. Dr. Haslam confidently states from his own experience, "that it is *impossible* to estimate the length of time which ought to elapse before the lunatic should be allowed to be entirely his own master, after he becomes convalescent, or even apparently restored to *reason*."*

As the surest presage of recovery from this appalling disease, we may be safely guided by the following criteria laid down by Dr. F. Willis, in his Treatise upon Insanity. "After the judicious application of such means as are suitable to the restoration of the bodily health, we find the stomach and bowels begin to answer the usual doses of medicine, the exertions and secretions to be more healthy, tranquillity of body and composure of mind to take the place of hurry and confusion, the natural sense of feeling to return, and the patient sensible of his delusions, or at least in a fit state to listen to such arguments as may tend to convince him of them."

* See his Considerations on the Moral Management of the Insane, page 19.

In an age so conspicuous for phrenological boasting, and for a contempt of the sober metaphysics of the last century, as respects the *immateriality* of the mind or soul,* perhaps I may be censured for asserting that it is too common for philosophical writers, in defence of their favourite tenets, to represent the mind as subject to the common laws of organic life, each manifesting reciprocal proofs of decay with progressive age, and that the activity of the understanding is constantly diminished by corporeal impressions. Of the incorrectness of this theory we have had frequent and striking monuments; indeed every age, no less than the present, has abounded with examples. It was proved in the late Sir Isaac Newton, Dr. Samuel Johnson, and the late Mr. Burke, and a multitude of eminent characters, in the enjoyment of intellectual vigour towards the close of a long life; not to mention Dean Prideaux, who was constantly occupied in literary performances to a late period, under the severest of human infirmities.† As an

* Most philosophical writers identify them, but Mr. Hill, in an ingenious paper edited in the *Lancet*, attempted to establish a distinction; his arguments, however, are not conclusive.

† “Sic mentem hominis quamvis eam non videas, ut deum non vides, tamen ut deum agnoscis ex operibus ejus, sic ex memoriâ rerum, et inventione, et celeritate motûs, omnique pulchritudine virtutis vim divinam mentis agnoscito.”—*Cicero*.

additional exemplification of the independent influence of the mind while the body is sinking under an incurable distemper, the late Dr. Percival mentions the case of a woman who attained the thirty-fifth year of her age in a state of perfect fatuity, who for some time previous to her dissolution from pulmonary consumption, discovered a degree of mental vigour that altogether astonished her family and friends.

Although Dr. Spurzheim is at all times anxious to repel the charge of materialism, which is so artfully interwoven with his various philosophical speculations, yet in expatiating on the difference of texture that presents itself in the human brain, at the periods of infancy, adolescence, and towards the decline of life, from the progressive decrease of plumpness of the brain and nerves, he arrives at the following conclusion,—that as childhood advances the state of the brain is favourable to the manifestation of *determinate* desires and *clear* notions, until towards manhood, when the convolutions of this viscus allow of the faculties shewing themselves in their utmost energy. The crisis of old age, from a corresponding change in the organization of the whole nervous system, is at last pronounced to be characterized by “blunted sensibility and enfeebled intellectual powers.” Such is the epitome of physiological materialism of the nineteenth century!

“The facts adduced by this author, are not such as exhibit themselves in a clear and full light, and are well known in all their relations; but facts, or surmised facts drawn from those dim recesses of science, where truth and error cease to be plainly distinguishable in the faint and uncertain twilight of philosophy.”*

* See Thought not a Function of the Brain, page 9.

CONCLUDING OBSERVATIONS.

HAVING completed the outline of the foregoing Dissertation, it may be incumbent on me to offer an apology for having obtruded myself on the public, upon a subject to which I have not exclusively directed my attention. As an extenuation of the offence, I may perhaps be allowed the privilege of pleading the usage of those of my predecessors, who have travelled out of the broad road of medical or surgical practice, to investigate what has been hitherto cultivated as an insulated topic of inquiry. The result of my own humble reflections would lead me to conclude, that the stock of information that has hitherto transpired on this proteiform malady, tends to expose our incompetency to advance our scientific knowledge of the subject to the extent which every friend to humanity would anxiously desire. Still it is natural for us, and our ambition prompts us to think, and, as Mr. Abernethy has suggested in his physiological lectures, the question is, since we must think, "whether we had not better

endeavour to form the most correct opinions we can of the things which are before us." In experimental or pure science, our opinions have some claim to stability, as derived from incontrovertible facts bordering on mathematical certainty. In medicine our opinions are fallible, grounded on equivocal evidence, and frequently supported only by the lowest degree of probability.

Throughout the course of the preceding inquiry I have been strongly disposed to question the accuracy of several of the most celebrated writers on this subject, as to the point of the universality of actual disease of the brain, in the great mass of insane persons. It is not my intention to disprove the reciprocal influence of organic and functional disturbance in the progress of the disease, either as a cause or effect; and no impartial individual, who will take the trouble to reconnoitre the few cases which I have recorded under the head of sympathetic insanity, will accuse me of denying the powerful agency of physical causes. But it is a notorious fact, which offers a cheering prognostic, that a multitude of cases of mental alienation are every day occurring, which manifest but little or very partial disturbance of the functions of animal or organic life; and where perfect recovery in a great proportion of them ensues, with no other than the ordinary attentions

to general health and cleanliness, and a sedulous care in directing the mind to some new channel of employment or occupation.

Since this Dissertation has been in the course of correction for the press, I have had an opportunity of perusing a Lecture of Dr. Clutterbuck's on the subject of insanity, edited in the *Lancet*. His opinions accord with those of Dr. Spurzheim, in referring every maniacal phenomenon to a corporeal source, but principally to inflammation and subsequent disorganization of the brain. Dr. Clutterbuck will not allow of the existence of mania mentalis, although he asserts that from the great dissimilarity of the affection in different individuals, it is scarcely possible to offer a complete description of insanity. He observes, "that if we trace the disease to its original source, it will be found to arise unequivocally from active inflammation of the brain, varied by the degree, extent, and particular seat the disease occupies in the brain." Of course the indications of the means of relief, in this view of the subject, must correspond with the pathological treatment of inflammation of the brain, as directly as that of any other organ of the body. In some few cases of pure idiopathic insanity this doctrine may be tenable, but in those instances where the mental derangement springs from other sources by sympathy, this theory could not be applied without

the most mischievous results. To class insanity generally under the head of acute inflammation, such as phrenitis, hydrocephalus, acutas, or idiopathic fever, would only serve to revive the exploded practice of unlimited bleeding, without any mitigation of mental suffering. It is impossible to draw an exact parallel between the effects of inflammation of any organ of sense and diseased structure terminating in a loss of function of that organ, and the progressive changes arising during insanity, since it by no means follows as a necessary conclusion, that the phenomena of the mind are uniformly influenced by a diseased state of any part of the brain. In inflammatory diseases of the liver or lungs, the office is uniformly impaired, and in proportion to the extent or duration of the diseased action or structure, the functions of the parts are gradually annihilated. But as the phenomena of the mind partake of a totally different character, it not being an object of sense, but independent of the transitory changes of matter, it does not follow that variations in the animal functions should necessarily involve those that are purely mental. It is admitted by Dr. Clutterbuck, "that *many* cases of insanity arise without the usual marks of inflammation preceding or accompanying them; but such are *few* in number, and cannot be considered as forming any objection on the score of disorganization being the proximate cause."

This author conceives that such an organ as the brain, “opaque and tender in its texture, and almost heterogenous in appearance, may be rendered unfit for the perfect performance of its office, by changes *too minute* for observation;” but until we can clearly determine that the rational faculties constitute as palpable a function of the brain as the secretion of bile is peculiar to the liver, the most indefinite disorganization will be no more conclusive than the slightest organic derangement.

It has been a leading object with a few of the more subtle physiologists of the present age, to trace a perfect analogy between the phenomena of insanity as uniformly connected with the deranged structure of the brain, and the loss of function originating in diseased structure of other organs; and anatomists have been bold enough to assert that insanity is invariably accompanied with disorganization of the brain, though they have not gone so far as to state that this disease is incompatible with the integrity of this viscus. Thus you see, says this celebrated lecturer, “that while the *positive* testimony in favour of a disorganized state of brain, as the immediate *cause* of the *maniacal* state, is *decisive* as far as it goes; the *negative* evidence is far from being conclusive in shewing the contrary, though at present Dr. Knight will only admit of its negative utility.”

But it is not easy to reconcile the foregoing inference with what follows, “still we are not at liberty to imagine that the visible changes of structure which the brain may have undergone, are of *themselves* the immediate cause of the *symptoms*, whether it be induration, softening, tumours, or any other, for these having once taken place must be more or less permanent. You are to recollect that the same thing does not appear alike to different observers.” This may happen with regard to the discrimination of the pulse, and on this account would prove an insufficient criterion at all times to determine the necessity of bleeding; but the same uncertainty cannot be predicated of such a part as the brain, the exterior appearances of which, had inflammation occurred during the life of the patient, could not well deceive an experienced or even common observer of morbid phenomena, on inspection after death. “As changes, which are in no respect different from those which have been noticed in mania, are occasionally met with in other diseases of the brain, there must be something *intermediate* of a variable nature, in order to explain the disordered state of function, and which is probably disordered vascular action, a state that may be excited or allayed within a very short space of time; and in this way is the violence of the paroxysms to be accounted for, where they

have instantaneously succeeded a state of calm and tranquillity." This is a far more rational inference or elucidation of the phenomena, than direct inflammation or disorganization.

Dr. Clutterbuck is aware that it will be of no advantage to us in practice, "to make unfounded assumptions the basis of our sanative indications," a truth which equally applies to the doctrine of inflammation and disorganization of the brain, as to the *indiscriminate* denial of corporeal disorder or diseased changes in the structure of the brain having any influence on the maniacal hallucinations, two extremes which constitute the Sylla and Charybdis, between which it is our proper interest to steer. The most sagacious and experienced practitioners of the present day are disposed to view every case of insanity on its own grounds, from the complexity of its symptoms, and not easily susceptible of general rules; and rather than to comprehend its natural history and medical treatment under the same arrangement as those of other more simple corporeal affections, we should be rather authorized in regarding it as one *sui generis*, whereas it is the main object of Dr. Clutterbeck's Lecture to shew that we cannot understand the subject of insanity, nor treat it satisfactorily, unless we proceed upon the same principles that guide us in the treatment of other diseases. Indeed he is unwilling to consider

insanity so much a disease in itself as a symptom of a morbid condition of the brain.

Having indulged in the foregoing digression, I would beg to remark that it is scarcely possible to expect that our faculties, however exalted, will eventually in this life conduct us to a more intimate acquaintance with our own nature, and the power of contemplating the attributes of the mind and body in their naked simplicity ; we cannot therefore avail ourselves of the privilege of fully comprehending the endless deviations in either from the point of health. Still it is no more necessary that we should ascertain the cause of motion and sensation, the primary attributes of living matter, in order to deduce the laws which govern its more ordinary phenomena, than it is requisite to ascertain the causes of attraction and gravitation, in order to trace the laws of inanimate matter. The only requisite caution to embark with in the progress of scientific truth, is, that in settling principles of theory in our minds, we should avoid taking for granted that we understand what in reality we do not. Let the modern phrenologist, who plumes himself that he has taken nature for his guide, in a subject which of all others is least susceptible of investigation, learn a lesson of humility from the following specimen of St. Augustin's controversy with the Manicheans—
“Nemo nostrûm dicat se *jam* invenisse *veritatem*.

Sic eam quæramus, quasi ab utrisque nesciatur. Ita enim diligentè et concorditè quæri poterit, si nullâ temerariâ presumptione inventa et cognita esse credatur.”

It was proposed, at the opening of this Dissertation, to subjoin a short sketch of the comparative prevalence of insanity in different parts of Europe, and a relative statement of the cures contrasted with the cases of confirmed establishment of this disease. This subject is one of national as well as medical importance, and has already been consigned to a more able advocate. I shall therefore avow my obligations to the impartial and laborious researches of Dr. Burrows for the short abstract here presented, fully conscious that the survey is far from being so complete as might be wished, from the want of methodical detail, and the scanty records which have hitherto been afforded us. The reader will think the catalogue of this infirmity formidable enough, and will scarcely be induced to believe that insanity is comparatively a rare disease;* it will serve however to correct some leading and inflexible prejudices in favour of its preponderance in our own country, which will appear utterly destitute of foundation. Dr. Powell

* This, however, was the opinion delivered by Dr. Powell, some few years ago, who held a very ostensible situation as Secretary to the Commissioners for Lunatics.

has alledged, that from the registers in his possession for the year 1815, that in the thirty-four licenced houses the number of lunatics amounted to about 2000, and that the aggregate number in the different hospitals in the kingdom did not exceed 500, whilst Mr. Dunstan of St. Luke's had computed them to vary from six to seven thousand in the London district, which must be regarded as an egregious error. According to the Parliamentary Returns in May, 1819, the total number of lunatics comprised in the circle of London and different private asylums amounted to 2005, which Dr. Burrows calculates as proving an increase of only five on an average in twenty years, notwithstanding the increase of our population. The late Dr. Heberden and Dr. Willan both concurred in this statement.* The large district of Mary-le-bonne, which some years ago

* See Dr. Willan's Reports on the Diseases of London, for the year 1801, and Dr Heberden's Observations on the decrease and increase of Diseases about the same period.

Dr. Good has observed, that it is consolatory to learn that the direct deductions from the different parochial and district establishments, support the inference that a retrogression instead of an advance has actually taken place, and notwithstanding our increased population; and that we are compelled to acknowledge that the career of insanity is only varied in its uniformity by temporary contingencies, but that it is by no means a *prevalent* disease in our own country.—See his *Study of Medicine*, page 81.

comprehended the greatest proportion of inhabitants in the metropolis, not less than 80,000, from 1814 to the year 1819 received only 180 female lunatics and 118 males.

In consequence of the comparative decrease of lunatics, many country asylums have had a manifest deficiency of their compliment of subjects. That of Wakefield, in Yorkshire, intended for the accommodation of 150, in the year 1818 only contained ninety-seven, although the population of this district amounts at least to 700,000 individuals. The County of Stafford Asylum, with accommodations for 120, the same year contained only sixty; and the Norfolk Asylum, opened in the year 1814 for the reception of 100 patients, in a period of five years and a half contained only 243. The last three years the patients have averaged eighty, although the provincial magistrates of that county, with a laudable vigilance and humanity, have searched the remotest parts of it in order to facilitate their admission. These asylums were instituted agreeable to Mr. Wynne's Act, in the forty-eighth year of the reign of his late majesty; and from the philanthropic impulse then given, these establishments were constructed on a larger scale, to provide, if necessary, for an additional number of objects. It is much to be regretted that no statement has been offered of

the proportion of cures and admissions in our provincial asylums for a regular series of years.*

Ireland, which has been a constant prey to religious and political feuds and national intemperance, together with the influence of the Rebellion, forms no parallel with England; whilst in Scotland, which is more conspicuous for simplicity of manners, and an exemption from the more flagrant vices and civil contentions, the total number of lunatics in the year 1818 amounted to 4650, according to an abstract of the regular returns by the clergy, when fifty parishes had not forwarded their returns; but Dr. Burrows, with every allowance for these deficiencies, calculates the total number at about 5000, which averages five lunatics for each parish, the total number of parishes in that part of the United Kingdom being nine hundred and ninety-two. If we, therefore, estimate the population of Scotland at two millions, it fixes the proportion at $2\frac{1}{2}$ to every thousand of the inhabitants, without specifying under any separate head, criminal lunatics. This calculation, which so much exceeds the proportion of maniacs in

* In the year 1823, although in the month of March there were vacaneies for thirty-eight men and twelve women in Bethlem Hospital, about one-fourth of the number which the building is capable of accommodating, all the private and public madhouses within the bills of mortality are said to have contained their full complement of insane persons.—*See the Preface to the Sketches of Bethlem.*

England, is what no one would anticipate from a contemplation of moral or physical causes, and it would perplex the philosopher or sagacious politician to assign any sufficient reason for it. It appears also from the foregoing returns, that the classes of idiots and fatuous subjects bear a very large proportion to that of common lunatics.* The regulations however which distinguish the management of the insane in the Glasgow Asylum, tend in some degree to counterbalance the lamented evil of preponderating numbers, and has received the merited eulogium of Dr. Burrows. It is represented by this author as a perfect model of good discipline, and although the candid superintendant has brought forward his own individual testimony as to the inefficacy of medicine in general, yet he does not deny the important services that have attended its exhibition in a few instances. Besides recourse to free exercise in the open air, and the benefit derived from severe bodily labour, the introduction of rotatory motion in a whirling chair has been encouraged of late with extraordinary success.

From the tables submitted to the public through Dr. Burrows, it appears amongst the recent admissions to the foregoing institution, that out of thirty-four males and thirty females, fifteen of the former

* We have no document in Dr. Burrows's Reports, for the preceding or following years, to guide our knowledge as to the average number of lunatics, in a given series of years.

and twenty of the latter have been discharged cured. Six men and one female were destroyed by apoplexy in one year, or from some of the usual consequences of pressure on the brain. Whenever outrage is committed, the discipline of this asylum requires that the offender should be put under some restraint, but this is done with the least possible severity, and with due attention to health and comfort. For the purpose of rendering any refractory patient more docile, the security of his hands, or confinement to his apartment, are usually resorted to, and seldom found to be long necessary. Some of them, in the most humane and attentive manner, are stated to have taken charge of others who required frequent assistance. To shew the versatility of character in this disease, one individual is selected highly furious, and although vindictive enough to attack the keeper, or other attendants, never injures any of his fellow patients, and always speaks of them in terms of kindness and compassion. The regularity and vicissitude of occupation established is minutely detailed in Dr. Burrows's work, proving at the same time the important share of credit which is due to moral discipline.

It is impossible to pass unnoticed the Retreat at York, which excels every other Asylum in the United Kingdom in its system of moral discipline, although the number of absolute cures are scarcely on a par either with the London or Paris hospitals ;

medical remedies are however too little regarded, and therefore too little employed, and Dr. Spurzheim has remarked that occupation for the male patients is wanting. The appropriate motto to this asylum would vie with that affixed to the lunatic hospital at Saragossa, in Spain, the late theatre of heroic deeds, "*Urbis, et Orbis,*" as patients are admitted into the Retreat who are excluded from Bethlem and Saint Luke's; the proportion of cures ought, therefore, to be greatly in favour of those hospitals.

The ratio of success in the Newcastle Asylum is found to be more considerable, where medical means are more freely tried; but allowing that the mortality incident to the disease was more formidable than it really is, or that the recoveries have been hitherto estimated in too favourable a point of view, still during the progressive improvement in the modes of treating it we ought not to despair of success on a wider scale.

In consulting the registers of cases admitted into the Retreat from 1796 to the end of 1819, the total amount has not exceeded 253, but the funds and regulations of this asylum, and the scale of accommodation would hardly allow of a greater number. The statement of cures, the amount of the deaths, and of those discharged uncured, or remaining under further probation, at different periods of their maniacal affection are here subjoined, on the authority of Dr. Burrows.

47 Cases, first attack not exceeding three months duration, out of which—	45 Cases, not exceeding twelve months, and the first attack.	34 Cases, not exceeding one year, but <i>not</i> the first attack.	48 Cases, exceeding two years duration, and first attack.	79 Cases of more than two years duration.
Recovered . . 40 Remain . . . 2 Died 5	Recovered . . 25 Discharged much improved . . 5 Died 7 Remaining . . 8	Recovered . . 21 Discharged improved . . 4 Died 3 Remaining . . 6	Recovered . . 12 Discharged improved . . 9 Improper objects 3 Remaining . . 24	Recovered . . 14 Remain . . . 28 Discharged improved . . 8 Improper objects 2 Died 27
Total . . 47	Total . . 45	Total . . 34	Total . . 48	Total . . 79

Several cases of death were coupled with severe bodily infirmity, and which the superintendant very properly excludes from such cases as tend to shew the probability of recovery from insanity.

The exclusive regulations which attach to our two most celebrated lunatic infirmaries would justify a more sanguine prospect of success, idiots and epileptic subjects being inadmissible; but the period of probation is certainly an obstacle to the wider dissemination of public good, although their discharge after a limited period paves the way for more recent cases. It is to be regretted, that in situations expressly devoted to the reception and cure of the insane, more perfect annals have not been preserved of the ratio of cures to the admissions, at different epochs, by which defect we are deprived of the means of ascertaining the comparative improvement resulting from medical and moral treatment.* Dr. Haslam has given us a summary account, that in a period of ten years the number admitted into Bethlem amounted to 1664, out of which 574 have been cured, and 1090 discharged *incurable*, a term which is modified into *uncured* in the registers of the rival infirmary. Since the year 1817 we have a more cheering

* There is every reason to expect that more regular returns will in future be required and provided, through the regulations which are now authorized by the legislature of this country.

prospect of greater accuracy and perspicuity of arrangement in the Reports of Bethlem Hospital, but the information which has hitherto been furnished is too circumscribed to add much to the stock of medical science, a defect which is not peculiar to this establishment, for it has been long recognized by the diligent student in other public hospitals, which ought to be regarded as depositaries for the dissemination of knowledge, as well as sanctuaries for disease.

On referring to the mortality of lunatics in this country, the proportion has been found a source of great discouragement; in few establishments in other parts of Europe does the ratio of the deaths to the gross admissions approximate so nearly as in the London Registers. To account for this circumstance, it is fair to include the number of those who commit suicide, where the verdict of lunacy is too indiscriminately entered, and consequently many of those individuals are comprehended amongst the great class of those who are said to have died under the ordinary circumstances of insanity.

I shall here subjoin a Register from St. Luke's Infirmary, from the opening of that institution in July, 1751, to June 1819, inclusive. The statement here annexed, upon the authority of Dr. Burrows, comprises the cured, those discharged *uncured*, together with other descriptions of

patients, but no criminals are specified in this list. The table exhibits the gross statement without any precise information on any one topic connected with the subject. The long period which has intervened from its first establishment to the year 1819, and the different modifications and regulations which have occurred, will in great measure account for so large a proportion of those that are termed *idiots* and *unfit*.

List of Patients that have been admitted into St. Luke's Hospital, from the year 1751 to 1819, inclusive.

Patients now remaining, deemed curable . . .	166
Discharged cured	5091
Discharged uncured	4371
Discharged as idiots and unfit	1128
Dead	1013
Taken away by the express desire of friends . .	343
Cases of Pregnancy, undiscovered on admission .	38
<hr/>	
Total . .	12150
<hr/>	

With regard to the numbers of insane persons in the chief hospitals at Paris, in the largest institution, La Salpetriere, under the medical attendance of Dr. Esquirol, we find that out of 2804 lunatics admitted between the years 1804 and 1813, that 604 were cured in the first year, 502 in the second, 86 in the third, and 41

in the fourth, and what is especially worthy of observation, out of this formidable list 785 had been received as *incurable*. From this scale Dr. Esquirol determines that the average term for the cure is little less than one year, but that no period should lead to a total despair of recovery. The total numbers admitted into La Salpetriere, from the earliest period of its foundation to the year 1815, has amounted to 5075, including 86 recent cases. The numbers in some of the chief towns of Germany, as far as the reports have been communicated by Dr. Burrows, from the year 1803 to 1818, have amounted to 3723, including 24 recent cases.

The following statement will exhibit the numerous list of suicides committed in the year 1817, in several of the chief cities of Europe, from whence it will be readily inferred that this crime is far less prevalent in Great Britain than in the neighbouring kingdoms. The calculation was extracted from the Statistical Account of the German Empire, by Kœmptz of Berlin. In taking the year 1817 as an insulated period to illustrate the proof of the greater frequency of suicide in different parts of Europe, I have availed myself of one at the close of a long scene of warfare, when the return of general tranquillity might have been expected to counteract in some degree this lamentable event.

Cities and Chief Towns.	Number of Suicides.	Unity	Respective Population.	The result is 1 out of every subsequent Number.
Paris	300	1	700,000	2.333
London	200	1	1,000,000	5.000
Copenhagen . .	51	1	84,000	1.647
Berlin	57	1	166,584	2.923
Pottsdam, inclusive of the military	77	1	15,426	200
Madgeburg . .	50	1	27,869	557
Breslaw	58		83,020	1.431

If the prevalence of this crime be considered by medical men, or by legislators, as a just test of the ratio of insanity in the foregoing schedule, we have here positive proof that suicide coupled with mental derangement, is far less frequent in England than in many other civilized countries.* I should likewise be disposed to coincide with the opinion of Dr. Esquirol, that the different passions exert a vast influence in giving rise to insanity,

* Dr. Spurzheim has termed suicide endemial in the districts of Hamburg, Halle, Jena, &c.

In the year 1806, the feeling of desperation was so common at Paris, according to the state of Monsieur Falret, in his work (*De l'Hypochondrie et de Suicide*), "that 60 suicides occurred during the months of June and July. At Copenhagen, in the course of the same year, 300, and in the year 1793 about 1300 instances at Versailles alone."

though this point is strongly controverted by Dr. Knight. Suicide must be admitted to originate in general from wounded pride or insufferable distress, sometimes from sudden transports of grief; occasionally it happens to maniacs bordering on convalescence, under extreme anguish and excess of melancholy contemplation.

The excellent regulations and discipline maintained at the Bicêtre at Paris, as well as at the celebrated institution of La Charité at Berlin, under the direction of Professor Horn, are peculiarly deserving of encomium. The investigation of such cases as are commended for admission, and the particulars of each case are most carefully registered, and the utmost attention devoted to insure the security and comfort of the afflicted. Dr. Burrows has given a very interesting sketch of the admirable regulations of the latter institution at the conclusion of his work. In visiting Steevens's Infirmary at Dublin, some years ago, I was much struck with the excellent regulations, the cleanliness and discipline observed, and particularly as to the judicious classification of the patients.

I shall merely add a few remarks on the urgent necessity of making more suitable provision for the reception of idiots and epileptic persons, who are mostly excluded from our principal lunatic establishments, through the agency of our county

funds, under the patronage of government. The same benevolent and christian spirit which has promoted the erection of an additional number of churches, for the edification and comfort of every class of the community, might shed a portion of its influence in contributing to the humane accommodation of a large portion of those unfortunate subjects who have been hitherto treated as outcasts, and frequently been destined to take refuge in our provincial houses of industry and parish workhouses. The impolicy and inhumanity of this resource are strongly deserving of animadversion. It is well known that the bare spectacle of epileptic convulsions is sufficient to make the most formidable impression on the younger part of the inmates; and where pregnant women are deputed to undergo temporary confinement, few will question the danger to be sometimes apprehended from their witnessing these scenes.*

* Dr. Spurzheim states (I suppose from his own opportunities of observation) "that for the sake of emolument, the *auri sacra fames*, the keepers of private houses crowd the patients together, provide double bedsteads, and chain them if they be the least troublesome." The following reflection is a credit to his humanity. "This kind of distressed has the best right and the most urgent claim to the assistance of government, because they have lost all, even their personal liberty, by *disease*, and not by *criminal conduct*, like felons, whom every county is obliged to treat with humanity."

As idiots *ex-nativitate*, or rendered so from disease, such as epilepsy, or palsy, are nearly in the same state, as far as respects the cheerless prospect of melioration from physical or moral discipline, except in a few solitary instances, inasmuch as instead of aberration there is a total eclipse of reason, it would be a most desirable and meritorious object to erect some establishment for their confinement, on a different principle from that of a common lunatic asylum. Humane attention to their physical wants and comfort, independent of occupation adapted to circumstances, would comprise every thing. Those in the vigour of youth might be gradually led to feel something like gratification from employment and acts of cleanliness, which would be found to promote a greater share of bodily health, and tend to counteract the tediousness of a life of perfect apathy and indolence. Many an unfortunate object of this description falls to the lot of the humble and industrious peasant, or little mechanic, exposed to brutal usage, or the barbarous and wanton ridicule of their neighbours, and calculated

It is in evidence from the Report of the Committee for the better Regulation of Pauper Lunatic Asylums, that the grossest abuses have prevailed and still exist in private lunatic establishments, more particularly in the vicinity of the metropolis.—See *Dr. Knight's Correspondence with the Editor of the Lancet*.

without any prospect of redress, to embitter the little portion of happiness that might otherwise attach to the rest of the family. Indeed the great influence which they frequently incur, sometimes through indulgence, at other times from opposition to ill-judged severity under their own parental roof, renders them still more insubordinate and vexatious. A public establishment for the exclusive accommodation of this class of sufferers, adapted to the proportional numbers and population of each county, would ease the burthen without wounding the feelings of parents thus aggrieved, some of whom would sooner submit to the serious incumbrance and disadvantage of retaining them in their families, than abandon them to the care of a common lunatic asylum; and where the circumstances of the parties were a little above mediocrity, a monthly or quarterly contribution might be anticipated in the infancy of such establishment, as a little relief to the necessary and contingent expences of the institution. The real misery and incumbrance they are calculated to inflict on a large, or even a small family, without the least controul of the will or affections, sometimes accompanied with vicious conduct, cannot be expressed. The projected *melioration* of these unhappy beings, (independent of the occasional prospect of cure of the epileptic), divested of every faculty and qualification which

can render our existence a blessing, ought never to be regarded as a matter of indifference to a thinking and benevolent nation like our own.*

The more we study to advance any portion of the humane species in the scale of comfort and utility, as we find to result from the noble funds raised for the instruction of the deaf and dumb, and the admirable skill and humanity there displayed, so much the more do we consolidate those heavenly attributes which must endear our memory to posterity, and secure our title to future retribution. It is scarcely necessary to observe, that from the difficulties thrown in the way of general admission into our largest lunatic establishments, and the heavy expences attending their perpetual confinement in a private asylum, where nothing is professed for the poorer class beyond kind usage and safe custody, that maniacs of *every description* are frequently sent to workhouses,

* Independent of the building principally in contemplation for the reception of idiots and epileptic persons, distinct arrangements might be devised for the occasional accommodation of maniacs, excluded from our large lunatic infirmaries in the metropolis, or such as are dismissed after the usual term, who are afterwards likely to become burthensome to particular parishes, and destined to seek refuge in private houses of confinement. Under this regulation greater care would be required in the appointment of an intelligent and confidential superintendant to co-operate with regular medical assistance.

where they encounter every disadvantage for want of proper insulation, or persons qualified to take charge of them, and disturb the harmony of those inmates who are already sinking from age and general infirmity, without the means of receiving that regularity of controul and moral discipline, in conjunction with medicine, so truly instrumental in curing the disease.

Where these miserable objects of calamity have no other refuge, a supplementary building, with suitable apartments for those who are reported incurable, and for the convalescent, should be superadded to these institutions, sufficiently commodious and remote from the other classes, as not to infringe on their comfort and tranquillity, who are themselves in a state of bondage, though tempered with humanity; and active and intelligent assistants should be at all times accessible, to carry into effect the discipline and medical means that may be required. The extreme negligence and want of foresight in these particulars, at the same time that it borders on inhumanity, cannot fail to establish the risque of perpetual insanity, or at least to deprive the unhappy subjects of the most important means of relief. "That benevolence and compassion, which were implanted within us as advocates in behalf of the wretched alien to society, were not designed to make us avoid or flee from these forlorn cases, but to make us attend to

the object of them. For to endeavour to shun the source of compassion, by turning from the wretched, or not making their case in *some degree* our own, when it is in our power to promote their comfort or happiness, is as unreasonable as to endeavour to get rid of the pain of hunger by keeping from the sight of food.”*

One consolation, though a small one, that we may indulge as to the state of the lunatic in general, and it is one which the friends of the sufferer cannot be indifferent to, viz. “that from the blunted sensibility of mind in the most inveterate cases, the patient has no pain from a consciousness of his degraded condition; and the same allowance of distress attaches to his unconsciousness on most occasions of what has passed on his restoration to health, as few are capable of reflecting upon what they have undergone with the horror that would be expected. Some even will be found who will contemplate a relapse without any presentiment of dread, and turn their eyes to the abode of misery where they were lately immured with seeming complacency.”†

I have been prompted to suggest the foregoing observations, although the further detail is left to an abler advocate, from a conviction of the necessity for some reform in the scanty arrangements

* Bishop Butler's Sermons.

† See Dr. Good's Study of Medicine, vol. IV.

for the proper custody of lunatics, as they exist at present, and to prove the necessity of greater latitude of comfort; and have only to lament the want of that influence and power of elocution which might entitle these hints to the consideration of the opulent and charitable classes of this enlightened kingdom. Fortunately, within the last few months the state of pauper lunatics, in all its details, has attracted the attention of our legislature, and a considerable fund is raised for the establishment of a commodious asylum in the county of Middlesex; and it is to be hoped that it will be regulated on the most philanthropic principles, and subjected to such judicious inspection as to preclude any system of abuse.

If the philanthropic Howard did not hesitate to consecrate his whole life to the amelioration of the wretched outcast in prison, a far humbler individual need not scruple to dedicate a much shorter period, that might otherwise sink into oblivion, to the paramount cause of suffering humanity in a more deplorable cause. However numerous the defects in the execution of this Dissertation, the author will derive some consolation from a persuasion that they are not peculiar to himself. In the progress of the foregoing sketch he has availed himself freely of the light of cotemporary writers, where their authority was likely to confirm the weight of his own remarks,

and he is fully conscious of his obligations to their labours in the illustration of many interesting particulars, which his own limited experience would not have supplied. He trusts that in weighing the merits and imperfections of those who have participated in greater advantages, he will be found to have acquitted himself with candour and impartiality. If he should incur the charge of presumption in criticising the theoretical inconsistencies of a few popular authors, in his anxiety to do justice to the subject, he has gladly atoned for this liberty by paying a just tribute of respect to the scientific contributions of such practical writers as Pinel, Haslam, and Knight. The soil, though often attempted to be explored by professional writers of different casts of talent, has yielded but a discouraging harvest; it still solicits the light of general pathology, and a thorough cultivation of the knowledge of human nature, as well as a greater share of general interest with the medical profession.* Nothing should be screened from the public eye that bids fair to extend our

* Dr. Knight has expressed a belief that the great difficulty and obscurity that yet impede and hang over the rational treatment of the insane, will at some future day be in a considerable degree removed, and that they would have been comparatively dissipated, had the professional body given its mind to investigate this disorder with the same honourable zeal which it has evinced in investigating others.

knowledge of the treatment of the disease, and the relative success or scale of mortality incident to it. Indeed the medical treatment of it is still in its infancy. There are several writers on this subject men of considerable experience, and amongst them Dr. Knight, who are very sanguine in confiding in the great efficacy of medicine, regarding insanity universally as a corporeal disease, whilst others place very little dependance on it, trusting principally to the resources of moral treatment, an extreme equally reprehensible. Such is the course pursued in the most celebrated hospitals in France, and it was highly sanctioned by Celsus.

It is a sufficient admission of the precarious theory of inflammation of the brain being the proximate cause of insanity, when we are told "that the precise difference in the condition of the brain in the different forms of insanity is not at all known. Dissection hitherto has not thrown any light upon the subject, nor is it *probable* that it will do hereafter." If we have been taught to look to dissection as the means of unfolding the morbid effects of other diseases, the foregoing conclusion furnishes a pretty fair inference that the brain cannot be the seat or substratum of the mind. "The derangement of the intellects in the different modifications of insanity, and their mutual convertibility of one into the other, *prove* that there is no essential difference between them,

and the same is true with regard to the medical treatment." Indeed the same physician has cautioned us not to place any confidence in any particular medicines, or mode of treatment, however strongly recommended by interested parties. Neither are the indications of cure to be taken from the tone of mind, or even the degree of violence of mental disturbance, but from the usual corporeal signs, although he agrees that the symptoms are equivocal, or frequently rather of a negative than a positive character, and the general condition of the patient with respect to strength or weakness." He allows, however, that the moral management calls for nicer discrimination, and requires much penetration, as well as considerable experience in mental disorders altogether.*

It has been very opportunely remarked by a respectable candidate for fame in this disorder, that "if the perplexity which the wisest rulers have experienced in their attempts to govern our refractory species, when presumed to be *in* their senses, be duly considered, it will afford a considerable apology for the difficulty of controuling those who are *out* of them."

Still it is not altogether an unprofitable toil to unmask our errors, to review the path by which we have hitherto advanced, to endeavour to sepa-

* See Dr. Clutterbuck's Lecture on the different Forms of Mania, edited by the Lancet.

rate what is most known and valuable from the the mass of uncertainty, and candidly to renounce all preconceived theories that are not grounded on reason and experience ; for in whatever light we contemplate the variable picture of insanity, we may truly adopt the words of Seneca, "*Multum adhuc restat operis, multumque restabit, nec ulli nato post mille sæcula præcludetur occasio aliquid adhuc adjiciendi.*"

FINIS.







